

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 NOV -4 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M34847**

1. Corporation Name

Luke Records, Inc.

**REINSTATEMENT** 1996-2010

200187443242  
11/04/10--01002--019 \*\*2867.50

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

7180 N. Oakmont DR.

3. Mailing Office Address

7180 N. Oakmont Dr

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33015

Country

US

Zip

33015

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/2007

5. FEI Number

59-2698013

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luther Campbell

Street Address (P.O. Box Number is Not Acceptable)

7180 N. Oakmont Dr.

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 11/3/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Luther Campbell	7180 N. Oakmont Dr	Miami Lakes, FL 33015

10. E-mail Address: kristin@lukeholdings.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/10

Date

305-600-1732

Daytime Phone #