

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P000000004532**

**1. Corporation Name**

J. LUCCHINI DESIGN, INC.

**2. Principal Office Address**

5950 SW 74 STREET

Suite, Apt. #, etc.

207

City & State

MIAMI, FLORIDA

Zip

33143

Country

MIAMI-DADE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified**

To Do Business in Florida 01/13/2000

**5. FEI Number**

65-0982347

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

LUCCHINI, ELISETE

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

5050 SW 74 STREET

Suite, Apt. #, Etc.

207

City

MIAMI,

State

FL

Zip Code

33143

**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

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	LUCCHINI, ELISETE	5950 SW 79 ST. # 207,	MIAMI, FLORIDA 33143
D	LUCCHINI, JARBAS	5950 SW 79 ST. # 207,	MIAMI, FLORIDA 33143

**10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

3/3/04

Date

305-610-8885

Daytime Phone #

Ag 132

FILED

04 MAY -6 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2081 (01/04)

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**J. LUCCHINI DESIGN, INC.**

5950 SW 74 STREET  
SUITE 207  
MIAMI, FLORIDA 33143

*February 03, 2004*

*Department of State  
Division of Corporation  
P.O.Box 6327  
Tallahassee, Florida 32399*

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***Referent: Reinstatement***

***There has been a error in my address and we did not receive our Florida Annual Report last year.***

***Please change our address as per above. ( 5950 SW 74 Street ) Our correspondence was probably received by the building next door ( 5960 SW 74 Street )***

***Please accept our apologies as to this error. Attach you will find our check for \$ 150.00. For the year 2003.***

***Thank you for your cooperation and understanding of this important matter.***

***Respectfully submitted,***

  
***Jarbas Lucchinni, Director.***