

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 10:08

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

000000054277
1. **LuiFer Enterprises, Inc.**

2. Principal Office Address

19187 NW 82 Circle Court

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33015

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis A. Duero

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

12916 NW 10 Street

Suite, Apt. #, Etc.

500016126185

04/16/03--01071--006 **300 00

City

Miami, FL

State

FL

Zip Code

33182

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

REGISTERED AGENT MUST SIGN

Date

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
President	Luis A. Duero	12916 NW 10 Street	Miami FL 33182
Secretary			
V. Pres.	Luis F. Londono	19187 NW 82 Circle Court	Miami, FL 33015
Treasurer			

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

Luis F. Londono

4-9-03

Date

305-829-1938

Daytime Phone #

CR2E081 (9-01)

April 9, 2003

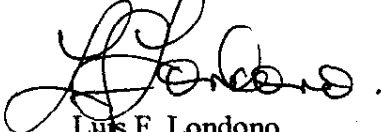
Uniform Business Report
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I would like to inform that my Uniform Business Report was never received by my office and it just got to my attention that my corporation was not active I have already notify the local post office that I have problems with my mail. I spoke to your office today to explain the situation and as per your office I need to include a check in the amount of \$300.00 and a completed corporation reinstatement form.

I thank you in advance for your cooperation, and I have noted in the reinstatement a new mailing address to avoid this in the future.

Thank you,



Luis F. Londono
Luifer Enterprises, Inc.