

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 19 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066917

1. Corporation Name

LUMINARY DESIGN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1893
OCALA FL 34478

P.O. BOX 1893
OCALA FL 34478

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2000

5. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EGAN, CHRIS S	20761 CHESTNUT ST	DUNNELLON FL 34431
D	TROTTE, JEFFREY O	3210 W. PAUL AVE.	TAMPA FL 33611
D	Tro Ha Stephen	615 SE 24 th St	Ocala FL 34471

100025778221
12/26/03--01081--017 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~EGAN, CHRIS S~~
~~20761 CHESTNUT ST~~
~~DUNNELLON FL 34431~~

Name

Stephen Tro Ha

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

615 SE 24 St

Suite, Apt. #, Etc.

City

Ocala FL

State

FL

Zip Code

34471

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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 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

Date

Daytime Phone #

12-18-03