PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State ision of Corporations		FILED 09 JAN 15 PM 4: 46 _SECRETARY OF STATE
DOCUMENT # P0000087329 1. Corporation Name			TALLAHASSEE, FLORIDA
Lula Corporation			
W08-55540		REINSTATEMENT 06-08 CR2E081 (10/08)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address P. O. Box 936406 Suite, Apt. #, etc. Suite, Apt. #, etc.			
			porated or Qualified ness in Flonda 4/14/2000
Coconut Creek, FL Margate, FL		5. FEI Number Applied For (05 - 103 1798 Not Applied For	
2ip 33073 Country Zip 0 330	93 Country USA	6.	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Daniel Taylor Street Address (P.O. Box Number is Not Acceptable) P.O. Box 936406 4320 NW 53ra C4 Suite, Apt. #, Etc. City Margate Coowl Creek FL 33093		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8 - 1; being appointed the registered age of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.			
Signature of Registered Age			
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
P.T Daniel E. Taylor P.O. Box 936406			Margate, FL 33093
	M1/21	4.C 12/15	0139019764 70801047024 **1050.00
		40 01/15/	0139019764 0901012009 **150.00
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 filling 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 partially and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 #			