

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 17 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000114236

1. Corporation Name

Lumenations, Inc.

2. Principal Office Address

1775 Central Florida
Parkway

3. Mailing Office Address

6748 Whispering Pines
Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

Zip

32824

Country

4. Date Incorporated or Qualified
To Do Business In Florida

12/12/2000

5. FEI Number

65-1060979

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

Sue Bender

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

1775 Central Florida Parkway

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32837

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 4-10-2002

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 | Chad Bender | 1775 Central Florida Pkwy | Orlando, FL 32837 |
| D | Sue Bender | 1775 Central Florida Pkwy | Orlando, FL 32837 |
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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

Date

4-10-2002

Daytime Phone #

CR2E081 (9/01)