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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

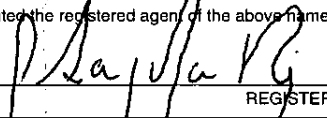
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

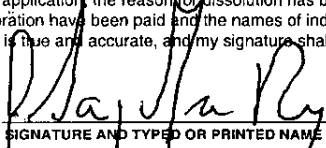
<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>2004 ANNUAL REPORT</b>					
DOCUMENT # P01000019461					
1. Corporation Name LUMIERE ARTISTIC LIGHTING INC					
9809 NW 80 AVENUE 9809 NW 80 AVENUE					
2. Principal Office Address 9809 NW 80 AVENUE			3. Mailing Office Address 9809 NW 80 AVENUE		
Suite, Apt. #, etc. BAY # 9-W			Suite, Apt. #, etc. BAY # 9-W		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33016		Country USA		Zip 33016	
		Country USA			

4. Date Incorporated or Qualified To Do Business in Florida 02/22/2001	
5. FEI Number 65-1077148	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CARLOS PAZ		
Street Address (P.O. Box Number is Not Acceptable) 9809 NW 80 AVENUE		
Suite, Apt. #, Etc. BAY # 9-W		
City MIAMI	State FL	Zip Code 33016

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 07/29/2004
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
VSD	PAZ, SILVIA C	9809 NW 80 AVENUE, BAY # 9-W	MIAMI, FLORIDA 33016
VSD	PAZ, CARLOS	9809 NW 80 AVENUE, BAY # 9-W	MIAMI, FLORIDA 33016
VSD	PAZ, JOSE M	9809 NW 80 AVENUE, BAY # 9-W	MIAMI, FLORIDA 33016

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:		07/29/2004	305-593-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Miami, July 29<sup>TH</sup>, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: LUMIERE ARTISTIC LIGHTING INC  
Doc Number P01000019461

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

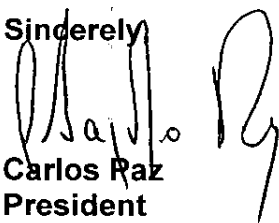
We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Carlos Raz  
President  
9809 NW 80 Avenue  
Miami, FL 33016