

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 24 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084228

1. Corporation Name
LUBBAN ENTERPRISES, INC.

REINSTATEMENT 02-04
MRS

2. Principal Office Address
237 N.W 20th St

3. Mailing Office Address
237 N.W 20th St

Suite, Apt. #, etc.

City & State
MIAMI FLA

Zip
33127

Country
U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0494325

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

7. Name and Address of Current Registered Agent

Name
KHAMIS A. SAMHAN

Street Address (P.O. Box Number is Not Acceptable)
9531 FOUNTAINBLEAU BLVD.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33172

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 *X Khamis Samhan* Date 08/21/04

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
P	KHAMIS A. SAMHAN	9531 FOUNTAINBLEAU BLVD	MIAMI - FL 33172

100041444231
09/23/04--01040--014 **450.00

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 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: *X Khamis Samhan* Date 08/21/04 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

202

Miami, 09/17/2004

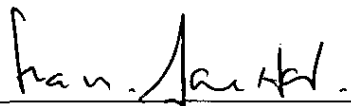
To: Division of Corporations.

Subject: Lubban Enterprises, inc.

Dear sir,

As per conversation with your Department enclosed find my Reinstatement form, as discussed, for the years 2002,2003 and 2004 and applicable fees of \$450.00, due that I never received the annual reports and my company was dissolved without prior notice due you had the wrong address, please re-instate my company asap.

Sincerely Yours truly,


Khamis Samhan
President