PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -2 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107157

1. Corporation Name

luke records & film's inc

2. Principal Office Address		3. Mailing Office Address	
7180 N OAKMONT DR		7180 N OAKMONT DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: miami lake's		City & State: miami lake's	
Zip: 33015	Country: us	Zip: 33015	Country: us

CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida: 10-24-2001

5. FEI Number: 651153537 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $$ 5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: kristin d thompson

Street Address (P.O. Box Number is Not Acceptable): 7180 N OAKMONT DR

Suite, Apt. #, Etc.:

City: miami lake's | State: FL | Zip Code: 33015

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 12-16-06

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
PD	CAMPBELL LUTHER	7180 N OAKMONT DR	MIAMI FL 33015

900082912499
01/02/07--01054--015 **300.00

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 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: _____ 12/16/06 305-782-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUKE RECORDS &FILMS

December 26, 2006

P.O.BOX 6327
TALLAHASSEE FL 32314

Dear Sir or Madam:

I am asking for a fee waver we have move some two years ago an have not been getting your mail we are now at P.O. BOX 170085 HIALEAH FL 33017

LUTHER **CAMPBELL**