

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **001000117794**

1. Corporation Name

Lukas Engineering Inc.

98 MANNING - SD - PA PA

2. Principal Office Address

8360 West Flagler Street

Suite, Apt. #, etc.

Ste. 206

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

8360 West Flagler Street

Suite, Apt. #, etc.

Ste. 206

City & State

Miami, FL

Zip

33144

Country

USA

REINSTATEMENT 02-03

200021384832

08/18/03--01023--002 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

October 7, 2002

5. FEI Number

51-0416346

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

Alex Garcia

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

8360 West Flagler Street

Suite, Apt. #, Etc.

Ste. 206

City

miami

State

FL

Zip Code

33144

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**

REGISTERED AGENT MUST SIGN

Date

7-4-03

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
Pres.	Alexander Garcia	1738 SouthPointe Drive	Sarasota, FL 34231

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-03

Date

305-225-1492

Daytime Phone #

CR2E081 (9/01)