PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003388

1. Corporation Name

LUZMA ENTERPRISES, INC

REINSTATEMENT 03-05

CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
2910 FAIRWAY DR.	2910 FAIRWAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOMESTEAD, FL	HOMESTEAD, FL
Zip 33135 Country U.S.	Zip 33135 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 01/10/2002

5. FEI Number 26-0019966 ☐ 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: MANUEL FERNANDEZ

800061762368
11/29/05--01069--006 **500.00

Street Address (P.O. Box Number is Not Acceptable): 2910 FAIRWAY DR

100061762411
11/29/05--01069--007 **500.00

Suite, Apt. #, Etc.

City: HOMESTEAD | State: FL | Zip Code: 33135

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 11-15-05

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	MANUEL FERNANDEZ	2910 FAIRWAY DR	HOMESTEAD, FL 33135

800061762448
11/29/05--01069--008 **50.00

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: _____ 11-15-05

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