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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
05 MAR -9 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131543
1. Corporation Name
Luscent Solutions, Inc

2. Principal Office Address 10030 NW 6 th terrace Suite, Apt. #, etc.		3. Mailing Office Address 10030 NW 6 th terrace Suite, Apt. #, etc.	
City & State Miami		City & State Miami	
Zip 33172	Country USA	Zip 33172	Country USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 12/16/2002	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number 11-3668354	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Richard Crespi	
Street Address (P.O. Box Number is Not Acceptable) 10030 NW 6 th terrace	
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 Richard Crespi **REGISTERED AGENT MUST SIGN** **Date** 3/02/05

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
3m	Danny Crespi	10030 NW 6 th terrace	Miami FL 33172
P	Richard Crespi	10030 NW 6 th terrace	Miami FL 33172

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: Richard Crespi **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 3/02/05 **Daytime Phone #** (305) 229-4184

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LUSCENT SOLUTIONS, INC

10030 N.W. 6thth terrace
Miami. FL 33172

Tel (305) 229-4184 Fax (305) 591-7585

Email: luscent@goldtexmiami.com

Dear Sirs,

Enclosed is check for \$450. This is for 2003, 2004, 2005 corporation fees. (\$150 for each year).

I just got back from my accountant's office and to much of my surprise my corporation was inactive. It looks like when I moved early 2003, I never received any mailings from your office to my new address. Unfortunately they were never forwarded either. It was never my intention to not pay the necessary fees. We are very sorry for the inconvenience this may have caused your office. Please forgive the reinstatement fee.

Please take note of our new address so this does not happen again in the future and please get us reinstated as soon as it is possible.

Thank you for your cooperation and thank you for your prompt attention to this matter.

Sincerely,

Richard Crespi
President, Luscent Solutions, Inc.
