PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APT No:
FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN 20 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002180

1. Corporation Name

Luna graphics corporation

W06000024215

REINSTATEMENT 04-06 DSE

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2561 Pine Tree Drive	2561 Pine Tree Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach FL 33140	City & State: Miami Beach, FL
Zip: 33140 Country: Miami-Dade	Zip: 33140 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 1/7/2003

5. FEI Number: 20-0012916 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd.

Suite, Apt. #, Etc.: Suite 101

900076640159
06/22/06--01032--004 **105.00

City: Tallahassee | State: FL | Zip Code: 32301-2960

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: Reid Carrick - Asst. Sec. for Business Filings Incorporated Date: 6/8/06

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
P	gloria Caballero	2561 Pine Tree Drive	Miami Beach, FL 33140

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: gloria Caballero 6/14/06 3055320652

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