


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000022185

1. Entity Name
LUIS MAR, ONE CORP.



FILED

2007 FEB 14 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02132007 REIN-P CR2E098 (1/07)

Principal Place of Business
**11495 S.W. 100 TERRACE
MIAMI, FL 33176**

Mailing Address
**11495 S.W. 100 TERRACE
MIAMI, FL 33176**

2. Principal Place of Business - No P.O. Box #
24450 SW 214 PL

3. Mailing Address
24450 SW 214 PL

Suite, Apt. #, etc.
Miami

City & State
Miami FL

City & State
Miami FL

Zip
33177

Country
U.S.A.

Zip
33177

Country
U.S.A.

4. FEI Number
APPLIED FOR

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTANEDA, LUIS E
11495 S.W. 100 TERRACE
MIAMI, FL 33176**


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
24450 SW 214 PL

City **Miami** FL Zip Code **33177**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTANEDA, LUIS 11495 S.W. 100 TERRACE MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24450 SW 214 PL Miami FL, 33177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CORREAEDA, MARIA M 11495 S.W. 100 TERRACE MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800089579898 02/27/07--01017--009 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 06-07 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

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

CORP. SERVICES FEB 14 2007