


04/05
**2004 FOR PROFIT CORPORATION
 REINSTATEMENT**

DOCUMENT # P03000109056

1. Entity Name
 LUIS L.S. INC



FILED
 05 JAN 28 PM 1:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 18384 W DIXIE HWY
 N MIAMI BEACH, FL 33160

Mailing Address
 18384 W DIXIE HWY
 N MIAMI BEACH, FL 33160



2. Principal Place of Business
 18384 W. DIXIE HWY.
 Suite, Apt. #, etc.
 N. M. Beach
 City & State

3. Mailing Address
 the SAME
 Suite, Apt. #, etc.
 City & State

Zip
 33160

Country

Zip
 33160

Country

11012004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent
~~AVNERY, SAM~~
~~16021 NE 6 AVE~~
~~MIAMI, FL 33162~~
 LUIS SANTANA
 6440 FRANKLIN ST.
 HOLLYWOOD FL 33024

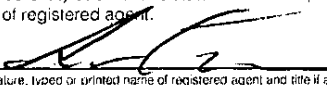
4. FEI Number
 37-1476784

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
 Name: LUIS SANTANA
 Street Address (P.O. Box Number is Not Acceptable): 6440 FRANKLIN STREET
 City: HOLLYWOOD FL Zip Code: 33024

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.

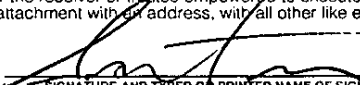
SIGNATURE:  DATE: 12/20/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
 After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LUIS SANTANA 6440 FRANKLIN ST. HOLLYWOOD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200045964722 02/03/05--01010--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARIA SANTANA 6440 FRANKLIN ST. HOLLYWOOD <input type="checkbox"/> Delete	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
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
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
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 exemption stated in Section 119.07(3)(i), 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:  DATE: 12/20/04 305-937-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR