

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000137209

1. Corporation Name

LUANA INVESTMENT CORP.

2. Principal Office Address - No P.O. Box #

7590 NW 186 ST

Suite, Apt. #, etc.

110

City & State

MIAMI, FL

Zip

33015

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2003

5. FEI Number

14-1900420

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

DURAN GISELLE

Street Address (P.O. Box Number is Not Acceptable)

7590 NW 186 ST

Suite, Apt. #, Etc.

110

City

MIAMI

State

FL

Zip Code

33015

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

* Giselle Duran

REGISTERED AGENT MUST SIGN

Date

12/19/2007

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
PDT	DURAN GISELLE	7590 NW 186 ST #110	MIAMI, FL 33015

600113390036
12/26/07--01004--018 **500.00
600113390036
12/26/07--01004--019 **100.00

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 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: X

Giselle Duran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/2007

Daytime Phone #

2072

December 19, 2007

Uniform Business Report
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Re: Uniform Business report & Reinstatement
LUANA INVESTENT CORP.

P03000137209

Dear Sirs:

Attached please find Business Report and Reinstatement for above mention Corporation and money order in the amount of \$ 600.00

We did not receive the 2004/2005/2006 business report in time to file, because I was outside of the U.S.A. Please accept the attached Check in the amount of \$ 600.00 for 2004, 2005, 2006 and 2007 Uniform Business Report. Please, waive the fee for reinstatement.

I requested to the Internal Revenue Service and the EIN of the Corporation is ready.

If further information is needed please contact me

Sincerely,


GISELLE DURAN
7590 NW 186 Street Suite 110
Miami, FL 33015