

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 29 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000067787

1. Corporation Name

Thomas B. Luka, PA

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

390 N. Orange Avenue

3. Mailing Office Address

390 N. Orange Avenue

Suite, Apt. #, etc.

1630

Suite, Apt. #, etc.

1630

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

900187390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1D

400187706244
11/12/10--01053--005 #*750.00

7. Name and Address of Current Registered Agent

Name

Thomas B. Luka

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

390 N. Orange Avenue

Suite, Apt. #, Etc.

1630

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date 11/9/2010

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
Pres	Thomas B. Luka	390 N. Orange Avenue	Orlando, FL 32801

10. E-mail Address: luka@lukalaw.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/2010

Date

407-895-8887

Daytime Phone #

11/30/10