

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 OCT 18 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 04000090622**

1. Corporation Name

**LUCKY SPINS INC.**

2. Principal Office Address

**202 HWY A1A**

Suite, Apt. #, etc.

**N/A**

City & State

**SATALLITE BCH.**

Zip

**32937**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**N/A**

City & State

**SAME**

Zip

**32937**

Country

**USA**

**REINSTATEMENT**

**05-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6-11-04**

5. FEI Number

**20-1243604**

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

**Jim Brown**

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

**202 HWY A1A**

Suite, Apt. #, Etc.

**SATALLITE BCH.**

City

State

**FL**

Zip Code

**32937**

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

**[Signature]**

Date

**10/12/06**

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	Pyrrha La	3975 CENCO <del>RD</del> MILL PIKE	LEXINGTON KY 40511
VP	Jim Brown	340 AVENIDA DE LA VISTA	INDIALATIC FL 32937

300080255603  
10/12/06--01033--017 \*\*900.00

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:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/12/06**

Daytime Phone #

**(321) 773/0089**