

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

Country

32937

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

Country

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 CLEMON PIKE MILL PIKE	LEXINGTON KY 40511
UP	Jim Brown	340 AVENIDA DE LA VISTA	INDI ALATIC FI 32937

300080955803
10/18/06--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 (321) 773/0089

Daytime Phone #