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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV 29 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000122917

1. Corporation Name

LUIS DUQUE CORP.

2. Principal Office Address

13540 SW 128 ST

Suite, Apt. #, etc.  
LOCAL 205

City & State  
MIAMI, FL.

Zip  
33186

Country  
USA

3. Mailing Office Address

9601 SW 128 ST

Suite, Apt. #, etc.  
APT 710

City & State  
MIAMI, FL.

Zip  
33186

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FE Number  
20-1538013

6. CERTIFICATE OF STATUS DESIRED

7. Additional Information  
for a Certificate of Status

11/14/06 20-1538013 300

7. Name and Address of Current Registered Agent

Name  
LUIS DUQUE

Street Address (P.O. Box Number is Not Acceptable)  
9601 SW 142 AVENUE

Suite, Apt. #, Etc.  
APT 710

City  
MIAMI

State  
FL

Zip Code  
33186

REINSTATEMENT 05-06

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  
Luis G Duque

Date  
11/08/2006

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	LUIS DUQUE	9601 SW 142 AVENUE APT 710	MIAMI, FL, 33186

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: Luis G Duque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/2006

Date

786-290-6818

Daytime Phone #

2/2

November 8, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Luis Duque Corp.  
P040000122917  
P.O. Box 414736  
Miami Beach, Florida 33141-0736

This is to inform you that I did not received the annual report notice for the years 2005 and 2006 and are requesting a waiver for the penalty, I already submitted the payment of \$ 300.00 for the 2005 and 2006 renewal but needed my explanation of the years in question.

If further information is needed, Please contact me.

Sincerely,

Luis G Duque  
Luis Duque  
President  
Phone # 786-290-6818