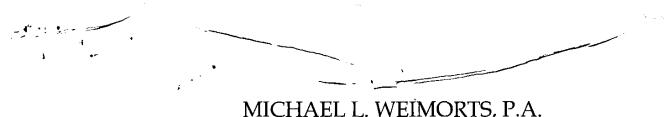
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 FEB -8 AM IO: 36 SECRETARY OF STATE
DOCUMENT # 1. Corporation Name PO5000014158		TALLAHASSEE, FLORIDA
Alaluna US, Inc.		300088711363 02/19/0701020019 **300.00
2. Principal Office Address - No P.O. Box # 755 Grand Blvd	3. Mailing Office Address - same -	REINSTATEMENT 06-07
Suite, Apt. #, etc. # 113	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 5. FEI Number Applied For
Destin, Florida Zip Country	Zip Country	20-2375469 Not Applicable
Zip Country 32550 Walton	Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Michael L. Weimorts Street Address (P.O. Box Number is Not Acceptable) 4507 Furling Lane, Suite 209 Suite, Apt. #, Etc.		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.
City Destin,	State Zip Code	
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 Date Date		
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	
DPS Christian Jourda	n 755°Grand Blvd.	#113 Destin, FL 32550
D Morton Hvitved	755 Grand Blvd.	#113 Destin,FL 32550
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 AND TREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



Attorney and Counselor at Law

The Plaza, Suite 209
4507 Furling Lane
Destin, Florida 32541-5328
850.654.8816
Facsimile: 850.654.9122
*Also Admitted in Alabama

email: mike@weimortswhitehead.com

January 24, 2007

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

Attn: Reinstatement Division

Dear Sir/Madam:

Pursuant to a telephone conversation earlier this week with the Reinstatement Division and acknowledgment of Alaluna US, Inc., having not had forwarded to him by his estranged wife notices from the Florida Department of State, Division of Corporations since January, 2006 concerning corporation fees, please allow this letter to serve as my request for waiver of late fees with reinstatement of corporate licenses to Alaluna US, Incorporated.

You will find enclosed the completed application for reinstatement and a check in the amount of One Hundred Fifty Dollars and No One Hundredths, (\$150.00) to cover the reinstatement fees.

Thank you in advance for your prompt attention to this matter, if you have any questions, please do not hesitate to call.

Sincerely,

Michael, L. Weimorts, Esquire

MLW/pr

Enclosures: As Stated