

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000068189

1. Entity Name
LUNA AUTOS INC.



Principal Place of Business
3602 S. ORANGE AVENUE
ORLANDO, FL 32806

Mailing Address
3602 S. ORANGE AVENUE
ORLANDO, FL 32806

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MELENDEZ, RAMONITA
2926 CURRY VILLAGE LANE
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name ISAEI GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
1926 SHERBOURNE ST

City WINTER GARDEN FL Zip Code 34787

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-25-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GONZALEZ, ISAEI
STREET ADDRESS 2926 CURRY VILLAGE LANE
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VP ☐ Delete
NAME LUNA, MARIA
STREET ADDRESS 2926 CURRY VILLAGE LANE
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME GONZALEZ, ISAEI
STREET ADDRESS 1926 SHERBOURNE ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE VP ☒ Change ☐ Addition
NAME LUNA, MARIA
STREET ADDRESS 3602 S. ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100103235811
05/25/07--01006--016 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-25-07

Daytime Phone #

FILED

07 MAY -1 PM 3:02

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-07

4. FEI Number 20-2809864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required