

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000078051

1. Entity Name  
LUNAIRE INC.



Principal Place of Business  
5490 102ND AVENUE  
PINELLAS PARK, FL 33782

Mailing Address  
5490 102ND AVENUE  
PINELLAS PARK, FL 33782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

20-2927804

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SZYMAWSKI, ILONA  
5490 102ND AVENUE  
PINELLAS PARK, FL 33782

Name

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

City

FL

Zip Code

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 ILONA SZYMAWSKI  
Signature, typed or printed name of registered agent and title if applicable.

Pres. [Signature]  
(NOTE: Registered Agent Signature required when reinstating)

12-5-06  
DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SZYMAWSKI, ILONA  
STREET ADDRESS 5490 102ND AVENUE  
CITY-ST-ZIP PINELLAS PARK, FL 33782

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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: ILONA SZYMAWSKI Pres 12-5-06 481-8587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q. Mitchell DEC 11 2006