


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000163128		
1. Entity Name LUIS & FABI CORP.		

FILED
Nov 27, 2007 8:00 A.M.
Secretary of State

Principal Place of Business 1342 NE VANLOON LN CAPE CORAL, FL 33909	Mailing Address 1342 NE VANLOON LN CAPE CORAL, FL 33909
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2. Principal Place of Business - No P.O. Box # 1342 NE Van Loon Ln	3. Mailing Address Suite, Apt. #, etc. House.
City & State Cape Coral FL	City & State
Zip 33909	Country

REINSTATEMENT	
4. FEI Number 20-3951051	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUBIO, MARIA A 1342 NE VANLOON LN CAPE CORAL, FL 33909	
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7. Name and Address of New Registered Agent Name MARIA A Rubio Street Address (P.O. Box Number is Not Acceptable) 1342 NE Van Loon Ln City Cape Coral FL Zip Code 33909	
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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: <u>Maria A Rubio</u> DATE: <u>11-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIO, MARIA A 1342 NE VANLOON LN CAPE CORAL, FL 33909 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABREU, LUIS G 1342 NE VANLOON LN CAPE CORAL, FL 33909 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112645987 11/28/07--01016--013 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112645987 11/28/07--01016--014 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Maria A Rubio</u>	DATE: <u>11-26-07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>