

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED



09 MAR 16 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082009 REIN-P 082E098 (1/07) 08-09

REINSTATEMENT

DOCUMENT # P06000119810			
1. Entity Name LUNA DOORS INC			
Principal Place of Business 1371 NE 23 PLACE POMPAÑO BEACH, FL 33064 US		Mailing Address C/O SANDOVAL & ASSOCIATES INC 4069 HOLLY COURT WESTON, FL 33331	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1371 NE 23 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pompano Beach, FL	
Zip	Country	Zip	Country
33064	USA		
4. FEI Number 20-5598922		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARADO, LUIS A 1371 NE 23 PLACE POMPAÑO BEACH, FL 33064		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT ALVARADO, LUIS A 1371 NE 23 PLACE POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVARADO, GLORIA 1371 NE 23 PLACE POMPAÑO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		954-309-2612	
		Date Daytime Phone #	