


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000085963

1. Corporation Name
LOOR TUNA INC

2. Principal Office Address - No P.O. Box # 1265 WEST 24TH ST		3. Mailing Office Address 1265 WEST 24TH ST	
Suite, Apt. #, etc. SUITE 119		Suite, Apt. #, etc. SUITE 119	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33010	Country USA	Zip 33010	Country USA

400162985524
11/20/09-01021-007 **300.00
REINSTATEMENT 08-09
CR2E081-(11/09)

4. Date Incorporated or Qualified To Do Business in Florida **07/30/2007**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PEDRO LOOR

Street Address (P.O. Box Number is Not Acceptable)
1265 WEST 24TH ST

Suite, Apt. #, Etc.
SUITE 119

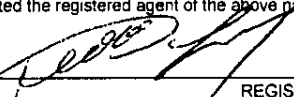
City
HIALEAH

State
FL

Zip Code
33010

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.

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 **11/13/2009**

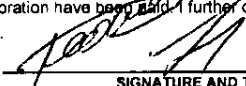
REGISTERED AGENT MUST SIGN

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	City / State / Zip
PSVT	PEDRO LOOR	1265 WEST 24TH ST SUITE 119	HIALEAH, FL 33010

10. E-mail Address: _____ (To be used for future annual report notification)

11. 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, I further certify, 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:  **PEDRO LOOR PRESIDENT** **11/13/2009** 786-333-2521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/23/09