

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000075508

Entity Name: LUOVA INC.

**FILED**  
**Sep 23, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

696 GROVE PARK BLVD.  
SUITE 300  
JACKSONVILLE, FL 32216 US

## **New Principal Place of Business:**

414 NW KNIGHTS AVE  
SUITE 515  
LAKE CITY, FL 32055 US

## **Current Mailing Address:**

696 GROVE PARK BLVD.  
SUITE 300  
JACKSONVILLE, FL 32216 US

## **New Mailing Address:**

414 NW KNIGHTS AVE  
SUITE 515  
LAKE CITY, FL 32055 US

FEI Number: 27-3610823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

BIDDLE, AMY L  
696 GROVE PARK BLVD.  
JACKSONVILLE, FL 32216 US

## **Name and Address of New Registered Agent:**

BIDDLE, AMY L  
414 NW KNIGHTS AVE SUITE 515  
LAKE CITY, FL 32055 US

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.

SIGNATURE: AMY L BIDDLE

09/23/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P, T  
Name: BIDDLE, AMY L  
Address: 414 NW KNIGHTS AVE SUITE 515  
City-St-Zip: LAKE CITY, FL 32055 US

Title: S, D  
Name: BIDDLE, AMY L  
Address: 414 NW KNIGHTS AVE SUITE 515  
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY L BIDDLE

PRES

09/23/2012

Electronic Signature of Signing Officer or Director

Date