

2004

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 19 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029215

1. Corporation Name

Nu Luster, Inc.

3100 NW Boca Raton

2. Principal Office Address

3100 NW Boca Raton

Suite, Apt. #, etc.

405

City & State

Boca Raton

Zip

33431

Country

United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
65-0404382

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

David McSoley

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

3100 NW Boca Raton Blvd

Suite, Apt. #, Etc.

Suite 405

City

Boca Raton

State
FLZip Code
33431

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*David A McSoley SR*
REGISTERED AGENT MUST SIGN

Date

7/13/04

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
D	David McSoley	7617 Courtyard Run W	Boca Raton, FL 33433

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

David A McSoley SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/04
Daytime Phone #

CR2E081 (01/04)

July 13, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

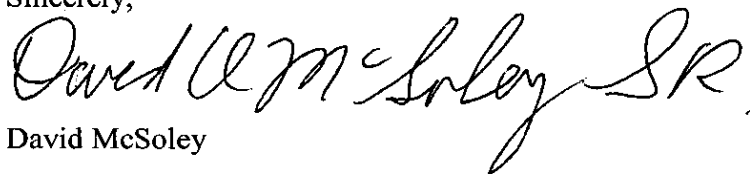
To Whom It May Concern:

Per the request of the State, I am writing this letter to document my position for my corporation reinstatement. The corporation, Nu Luster, Inc. was administratively dissolved in September 2004; the year after my corporation was formed. The previous address of the corporation was my former home and the proper forwarding of documents did not occur. Therefore, the required annual report was not filed. I have been unaware of these filings and was made aware of the corporation's inactive status by my Accountant. I would like to remain in good standing with the state and comply with the required filings on a forward going basis.

I hope that this letter and my attached payment of \$150.00 will assist you in the efficient resolution of this matter. I appreciate your anticipated cooperation. Thank you once again for your assistance in this matter and if there is any other information required please feel free to contact my office.

Nu Luster, Inc.
3100 NW Boca Raton Blvd
Boca Raton, FL 33431

Sincerely,


David McSoley