PLEASE READ A	ALL INSTRUCTIONS BE	FORE COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT C Sandra B. Morthan Secretary of State DIVISION OF CORPORATIO	FILED
DOCUMENT # P93000051343		97 SEP 24 PH 3: 48
1. Corporation Name LUNA PIER, INC.		SECHEDRY OF STATE TALLAHARSEE, PLORIDA
WYT-DO701 Principal Place of Business Mailing Address		IALLOW WWW.
W WYATT INTERNATIONAL CORPORATION	% WYATT INTERNATIONAL CORPORATION	ų
If above addresses are incorrect in any way, line thro	MANIEL 2013 BAY DI #251	
New Principal Office Address, If Applicable	3. New Malling Office Address, If Applic	able 4. Date Incorporated or Qualified
Suite Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State HIAM! FI	City & State Mismi FI	Not Applicable
Zip 35451 Country USA	Zip 53131 Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers	Street Ac	Idrace of Each
Title(s) and/or Directors 2 Officer and/or Director 3 (Do NOT Use Post Office Box Number D MARTINEZ-SPENCER, OSCAR		st Office Box Numbers) 4
D MARTINEZ-SPENCER, OSCAR 825 Brickell Bay Dr. Suite 251		
8 MARTINEZ-HEWITT, NELLA T. 825 Brickell Bay Dr. S.		MIAMIFL, 53131 Ay Dr. Sole 251000023037838
	OZS STRAIGHT	-09/25/9701106007 ***1088.75 ***1088.75
		101
REINSTATEMENT 4-24-91		
REINSTATEMENT		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
MIAM FL 33131 Suite, Apt. #, Etc. 251		
City MIAHI State Zip Code FL 33 131		
10. I, being appointed the expistered carried the above period of		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box diditional information.)		
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
13. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all fees owed by the corporation have been paid. The information lodicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:		

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