100

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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col	RPORATION A	FLORIDA	FLORIDA DERARTMENT OF STATE  Katherine Harris			FILED.			
	STATEMENT	OIT	Secretary of State  DIVISION OF CORPORATIONS		02 APR 15 AM 10:00				
DOCUMENT # P94000010484					'SECRETARY OF STATE TALLAHASSEE, FLORIDA				
i e	ration Name VA SERVICE :	S, INC							
						01-02			
1629	al Office Address	3. Mailing 16294	3. Mailing Office Address 16294 V/A VANITIA WEST						
Suite, Apt.		Suite, Apt. #	Suite, Apt. #, etc.			porated or Qualified iness in Florida	00/07/	1004	
City & State	RAY BEACH	.   '	Del Ray Beach		5. FEI Numbe	6504679		Applied For Not Applicable	
334	184 USA	33	484	Country USA	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additio	nal Fee required cate of Status	
Name AUCO CANGO.  Street Address (P.O. Box Number is Not Acceptable)  LGT 94 VIa Vanta Wo. 54						100053 -04/24/1	:3 <b>71</b> 75 0201014-	5 8 - 122	
City Delray Beach						****300 State Zip Cod FL 33		30.00	
8. I, being Signature of Registered		ent of the above named corp.  A RACH  REGISTERED A		amiliar with and accept the ol	bligations of section & ACH	on 607,0505 or 617.0 351/8/ Date 07	1503, F.S. 103107		
9. Names Titles		ch Officer and/or Director (F me of 1/or Directors	lorida nonprof	it corporations must list at lead Street Address of Each Officer and/or Director	1	-	City / State / Zip		
P	LUNA CARA		1/0.9	A VIA LABOLIT.		101	0 - 1 2	2484	

10. I curtify that I am is officer or director or the receiver or inusion empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this ministalizment 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 manes 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 eath.

SIGNATURE:

LINA FARACHE

AHRON-FARACHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2002

954-8036887

Daytime Phone #

## DO NOT REMOVE!

E sept also

February 26, 2002

Department of corporation

Dear Sir or Madam:

RE: DOCUMENT# P94000010484

The reason for non-renewal of this corporation for year 2001

 Did not received form 

Address was changed

1 1/1/1

Sincerely,

Secretary Ahron Farache



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 8, 2002

LUNA SERVICES, INC. 16294 VIA VANITIA WEST DELRAY BEACH, FL 33484

SUBJECT: LUNA SERVICES, INC. .

Ref. Number: P94000010484

We have received your document for LUNA SERVICES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a 2002 annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$300.00.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton Document Specialist

Letter Number: 102A00014229



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 2002

LUNA SERVICES, INC. 16294 VIA VANITIA WEST DELRAY BEACH, FL 33484

SUBJECT: LUNA SERVICES, INC. Ref. Number: P94000010484

We have received your document for LUNA SERVICES, INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton Document Specialist

Letter Number: 302A00019426