

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 5:07

DOCUMENT # P94000012957

1. Corporation Name

LUMINARY VENTURES, INC.

Principal Place of Business

40347 U.S. 19 NORTH
SUITE 136
TARPON SPRINGS FL 34689
US

Mailing Address

P.O. BOX 1076
TARPON SPRINGS FL 34688
US

REINSTATEMENT

DO

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3232715

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CMD	DONIZETTI, LARRY	950 CARSTAIRS CT.	TARPON SPRINGS FL
PD	EUBANKS, BOB	3617 ROBLAR AVE.	SANTA YNEZ CA
STVD	DONIZETTI, MARIA	950 CARSTAIRS CT.	TARPON SPRINGS FL

100003500381-2
-12/13/00--01101--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STROHAUER, GARY
1150 CLEVELAND STREET
SUITE 300
CLEARWATER FL 33755

Name

LARRY DONIZETTI

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

950 CARSTAIRS CT

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State
FL

Zip Code
34689

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-26-00

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 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.

AD

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00 727-934-6761

Date

Daytime Phone #

CR2E040 (8/00)