PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 20 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064301**

1. Corporation Name

LUE CORP. 99AR

Principal Place of Business	Mailing Address
~~6920 RIVIERA DRIVE MIAMI FL 33146 US~~ 8890 SW 129 ter Miami, Fl. 33176	~~6920 RIVIERA DRIVE MIAMI FL 33146 US~~ 8890 SW 129 ter Miami, Fl. 33176

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/24/1994

5. FEI Number: 65-0553716 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~DPS~~	~~LUE, SUZANET~~	~~6920 RIVERA DRIVE~~	~~CORAL GABLES FL 33146~~
DPS	Kevin Turner	8890 SW 129 ter	Miami, Fl. 33176
DVPT Ass Sec.	Glen Rundell	8890 SW 129 Terr.	miami, Fl. 33176

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-12/29/99--01012--015
****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent

~~SEMET, BARRY N~~ Glen Rundell
~~& SEMET, LICKSTEIN, MORGENSTERN, ET AL~~ 8890 SW 129 ter
~~201 ALHAMBRA CIRCLE, STE. 1200~~ Miami, Fl. 33176
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name: Glen Rundell
Street Address (P.O. Box Number is Not Acceptable): 8890 SW 129 ter
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33176

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: T. Todd Rundell REQUIRED Date: 12/15/99
REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: T. Todd Rundell REQUIRED 12/15/99 3056668677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033745