

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 3:21

10.16.03 / 01089-014-750
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000053594**

1. Corporation Name
LUNOR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
 251 CRANDON BOULEVARD 251 CRANDON BOULEVARD
 STE 425 STE 425
 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149
 US US
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

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 **07/12/1995**
 5. FEI Number **65-0597646** Applied For Not Applicable
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LINDNER, EVA	251 CRANDON BLVD, APT 425	KEY BISCAYNE FL 33149

700023864837
 10/16/03-01089-014 **750.00

8. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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. or 617.0505, F.S.
Eva Lindner, Pres.
 Signature of Registered Agent *[Signature]* Date **OCT. 12. 03**
 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **EVA LINDNER** **OCT. 12. 03** **305-365-0385**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)