

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2016



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 SEP -9 AM 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097678

1. Corporation Name

**LUMINA PROPERTIES, INC**

2. Principal Office Address - No P.O. Box #

905 Brickell Bay Drive

Suite, Apt. #, etc.

Tower 2, suite 1226

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Office Address

905 Brickell Bay Drive

Suite, Apt. #, etc.

Tower 2, suite 1226

City & State

Miami, FL

Zip

33131

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1995

5. FEI Number

65-0670574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PARRISH M SANCHEZ

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

8300 NW 53 ST

Suite, Apt. #, Etc.

108

City

Doral

State

FL

Zip Code

33166

100289244381  
09/09/16--01016--009 \*\*43.75

100289244381  
08/18/16--01024--020 \*\*500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Miguel Sanchez*  
REGISTERED AGENT MUST SIGN

Date 8/16/2016

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P/D    | MAURICIO FACUSSE, MIGUEL             | 905 BRICKELL BAY DRIVE T-II, SUITE 1226           | MIAMI, FL 33131    |
| V      | FACUSSE, LORENA                      | 905 BRICKELL BAY DRIVE T-II, SUITE 1226           | MIAMI, FL 33131    |
| S      | RIVERA, MARIA A                      | 905 BRICKELL BAY DRIVE T-II, SUITE 1226           | MIAMI, FL 33131    |
| O/M    | OLIVARES, PATRICIA                   | 905 BRICKELL BAY DRIVE T-II, SUITE 1226           | MIAMI, FL 33131    |
|        |                                      |   |                    |
|        |                                      |   |                    |

10. E-mail Address: msanchez@cbsadviser.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Patricia Olivares*

PATRICIA OLIVARES -OFFICER/MANAGER

8/16/2016

(786)-543-9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #