

APPLICATION  
FOR  
REINSTATEMENT



FILED

98 JAN 15 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P960000 74036*

Lunalena, Inc.

Principal Place of Business  
2260 SW 8 St.  
Miami, FL 33135

Shipping Address  
2260 SW 8 St  
Miami, FL 33135

2. New Principal Office Address, if Applicable  
2260 SW 85th.

3 New Mailing Office Address, If Applicable  
2260 SW 8 ST

Date Incorporated or Qualified  
to Do Business in Florida

09/96

City & State  
Miami, FL

City & State Miami, FL

65-0726547

Not Applicable

Zip 33135

Country  
USA

Zip 33135

Country USA

CERTIFICATE OF STATUS DESIRED [

**\$8.75 Additional Fee required  
for a Certificate of Status**

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Maria C. Suarez	6122 NW 181 Terrace Circle West	Miami, FL 33015

200002403322--5	
-01/16/98--01081--004	
***900.00	***900.00

**REINSTATEMENT** 97-98

31 1-15-98

**9. Name and Address of New Registered Agent**

Name Aldo Erazo

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

2260 SW 85th  
Suite, Apt. #, Etc.

City Miami

State	Zip Code
FL	33

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

REGISTERED AGENT MUST SIGN

Date 1/12/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E040 (12/96)