


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB 17 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P96000096037

1. Corporation Name

LUCK, INC. OR LUCK I, INC.

100139196741  
12/22/08--01022--002 \*\*300.00100139196741  
02/17/09--01005--013 \*\*150.00**REINSTATEMENT** 07-09

2. Principal Office Address - No P.O. Box # <b>5301 SHERIDAN ST.</b>	3. Mailing Office Address <b>5301 SHERIDAN ST.</b>
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FL**City & State  
**HOLLYWOOD, FL**Zip Country  
**33021**Zip Country  
**33021**4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0732322

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

ONG, KENVIN H.

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

5301 SHERIDAN ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

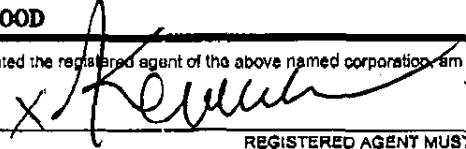
FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12-18-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ONG, KENVIN H.	5301 SHERIDAN ST.	HOLLYWOOD, FL 33021
D	ONG, DIANA	5301 SHERIDAN ST.	HOLLYWOOD, FL 33021

10. 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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



12-18-08

Date

Daytime Phone #

954 894 1390



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2009

LUCK, INC.  
5301 SHERIDAN ST  
HOLLYWOOD, FL 33021

SUBJECT: LUCK, INC.  
Ref. Number: P96000096037

*\$150.- check is attached.  
for annual report of 2009.  
We paid \$25.- filing fee with  
the article of amendment.*

We have received your document for LUCK, INC. and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Because your reinstatement was not completed in time for you to receive a annual report form, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$450.00.

There is a balance due of \$150.00. If a certificate of status is desired, please add an additional \$8.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 809A00001852