PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000054338**

I 1. Corporation Name

LUCA MANAGEMENT, INC.

Mailing Address

802 NE 20TH AVE.

Principal Place of Business

FT. LAUDERDALE FL 33304

....

802 NE 20TH AVE. FT. LAUDERDALE FL 33304 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above a	addresses are incorrect in any way, line ti	hrough incorrect i	information and enter	correction below.			Character 15		
Z. New Pri	Incipal Office Address, if Applicable	5. New Mail	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O6/11/1997			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			per	77117100	Applied For	
City & Stat	te	City & State			OF 0750040			Not Applicable	
Zip	Country	Zîp	Count	гу	6.			onal Fee required ficate of Status	
					<u> </u>		ior a cerui	icate or status	
7. Names	and Street Addresses of Each Officer an Name of Officers	d/or Director (Fl		reet Address of Ear					
Title(s)	and/or Directors		Officer and/or Director			City / State / Zip			
D	GEYER, K. DEAN	EYER, K. DEAN		802 NE 20TH AVE.		FT. LAUDERDALE FL 33304			
					11	nonnanaa	141		
						00003099 -01/14/000 *****750.00	1072 ****	-005 750.00	
						LS			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent					
E700	. VEDDY I	عد د		Name	• •				
	L, KERRY L		Street Address (P.O. Box Number is Not Acceptable)						
STE. 200, 3099 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308				Suite, Apt. #, Etc.					
				City		Stat	e Zip Co	de	
10. 1, bein	g appointed the registered agent of the a	bove named car	poration, am familiar w	vith and accept the	obligations of Se	(<u>* </u>		
Signature o Registered	Agent	REGISTERED A	EREQU GENT MUST SIGN	JIRED		Date /2/2 (/	19		
this rei	y that I am an officer or director or the reconstatement application, the eason for dispy the corporation have been paid and the application is true and accurate, and my	ssolution has bee e names of indivi	n eliminated, the corp iduals listed on this fo	oorate name satisfie orm do not qualify fo	es the requirement or an exemption of	nts of section 607.0401 or 617.	0401, F.S.,	that all fees	
	CID DIA T					Syrima por an	fa ,		
SIGNA	TURE: SIGNATURE AND TYPED OR F	RINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	12	720749 Date	Daytime Phor	ne #	
	K. DE	MA	GEYE	R					