CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN -6 AM 9: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000D7683*

1. Corporation Name

Luthin Promotions Marketing In.

2. Principal Office Address

1045 E. Atlantic Ave

Suite, Apt. #, etc.

312

City & State

Delray Beach

Zip *33483*   Country *US*

3. Mailing Office Address

Same 1045 E. Atlantic Av

Suite, Apt. #, etc.

312

City & State

FL, Delray Beach

Zip *33483*   Country *US*

4. Date Incorporated or Qualified To Do Business in Florida *09/02/1997*

5. FEI Number *650783 492*   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 *George Luthin*

Street Address (P.O. Box Number is Not Acceptable)
1045 E. Atlantic Av

Suite, Apt. #, Etc. *# 312*

City *Delray Beach*   State **FL**   Zip Code *33483*

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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 _(signed)_   Date *5/8/01*

REGISTERED AGENT MUST SIGN

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	George Luthin	1045 E. Atlantic Avenue #312 Detroit	Delray Beach, Florida 33483
		REINSTATEMENT 00-01	

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 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: _(signed)_   *5/08/01*   *561.279.7838*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/00)