-PLEASE REAU	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
	FLORUA DE AFTMENT OF THE	FILED
DENCTATEMENT	Ka heri le H∵rris ∞e k⊶a / of tate	00 FEB -4 PM 1:45
	DIVISION OF CORPORATIONS	
DOCUMENT # P970000 1. Corporation Name Luna Disc, INC.	78309	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address 1211 SE 10 th A Ve Suite, Apt. #, etc.	3. Mailing Office Address 1211 SE 10 th Ave Suite, Apt. #, etc.	4. Date Incorporated or Qualified Sept. 9, 1997 To Do Business in Florida
city & State Ft. Lauderdale FL	City & State Landerdale	5. FEI Number Applied For
Zip 33316 Country USA	Zip 33316 Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent SINGUS 136605 - 2 Tames Neal Hutchinson, Jr02/16/00-01006-005 Street Address (P.O. Box Number is Not Acceptable) 1249 Havaee Road Suite, Apt. #, Etc.		
city Coval Gables		State Zip Code FL 33146
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 Date 1/28/00 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
P.D.S Harry Nixon	1211-SE 10th Ave	Ft. Lauderdale, FL33316
UP N. Hutchinson	1249 Hardee Road	Ft. Lauderdale, FL33316 CovalGables, FL33146
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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 filling 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

1/28/00 305- 0496-4242 Date Daytime Phone #

January 28, 2000

Reinstatements
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: LunaDisc, Inc.

Dear Madam or Sir:

I am the registered agent for LunaDisc, Inc. which is a Florida corporation. I did not however receive the forms the 1999 annual report or any notification that the forms had not been filed. I thought that the President of the corporation had changed the registered office and agent so that I thought nothing of not receiving the forms at the time. However, when I met with the President recently I asked him about the annual report and he said that he had not filed it. I then called the Division of Corporations and found out that the corporation had been dissolved.

Enclosed is a completed reinstatement form for the corporation which I got from the Division along with a check for \$300. As per instructions from the person I spoke to at Reinstatements I am requesting a one time waiver of the reinstatement fee.

Thank you for your cooperation.

Very truly yours,

Neal Hutchinson 1249 Hardee Road Coral Gables, FL 33146

305-496-4242