PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV 14 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104436

1. Corporation Name

Lumiere International Corporation

REINSTATEMENT 03-06

2. Principal Office Address	3. Mailing Office Address
360 Main St.	P.O. Box 393
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Washington, VA	Washington, VA
Zip 22747 Country USA	Zip 22747 Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida 12/11/1997

5. FEI Number 223569047 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive Ste 4

Suite, Apt. #, Etc.

City: Weston State: FL Zip Code: 33331

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: NRAI Services, Inc. By: Amy Purdy Amy Purdy, Assistant Secretary Date 11/8/06

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	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
D	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
S	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
T	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
			000081754269 11/14/06--01014--018 **350.00

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: , President 11/8/06 540-675-3149

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

JC 11/14