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BELMONT PARTNERS

540-675-3369

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06

CR2E081 (12/05)

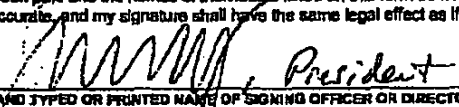
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104436					
1. Corporation Name Lumiere International Corporation					
2. Principal Office Address 360 Main St.			3. Mailing Office Address P.O. Box 393		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Washington, VA			City & State Washington, VA		
Zip 22747		Country USA		Zip 22747	
		Country USA			

4. Date Incorporated or Qualified To Do Business in Florida 12/11/1997	
5. FSL Number 223569047	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 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	
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 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

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; this 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	Date 11/8/06 540-675-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

JC 11/14