

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000045873**

1. Corporation Name

LUKE & LUKE, INC.

Principal Place of Business

1622 HICKMAN ROAD
JACKSONVILLE FL 32216

Mailing Address

1622 HICKMAN ROAD
JACKSONVILLE FL 32216

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 OCT 28 AM 9:18
SECRETARY OF STATE
TALLAHASSEE
REINSTATEMENT 853



200024197682
10/28/03--01023--023 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1998

5. FEI Number

59-3527335

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	LUKE, MICHAEL W	1622 HICKMAN RD	JACKSONVILLE FL 32216
D	LUKE, GARY L	1622 HICKMAN RD	JACKSONVILLE FL 32216
P	SMITH, JANET	3033 LANTANA LAKES D-E	JACKSONVILLE FL 32246

8. Name and Address of Current Registered Agent

LUKE, MICHAEL W
1622 HICKMAN ROAD
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

1622 Hickman Road
Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/22/03

11. 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:

[Signature] MICHAEL LUKE 10/22/03 9047259818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

October 22, 2003


Re: UBR Notices

To Whom It May Concern:

This letter is to inform you that we have not received the UBR notices for Luke & Luke, Inc. Located at 1622 Hickman Road, Jacksonville, FL 32216, FEI Number 59-3527335.

If there are any questions, please call 904-725-9818.

Thank You,



Michael Luke
President