

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -3 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03

DOCUMENT #

1. Corporation Name

LUMA TECH INCORPORATED

PA9000016103

2. Principal Office Address

3879 CRESTWOOD CIR

3. Mailing Office Address

3879 CRESTWOOD CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33331

Country

USA

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1999

5. FEI Number

65-0896938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KHRAPOVA, ELENA

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

3879 CRESTWOOD CIR

Suite, Apt. #, Etc.

900013341029

03/03/03--01065--012 ***490.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Feb 26/03

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	MIRAND GREGORY	3879 CRESTWOOD - CIR	WESTON, FLORIDA USA 33331
O	KHRAPOVA, ELENA	3879 CRESTWOOD CIR	WESTON, FLORIDA USA 33331

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:

G. Mirand

GREGORY MIRAND

FEB 26/2003

(954) 2170347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 314