


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

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<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>p99000062682</b>					
1. Corporation Name <b>LUALCA GROUP, INC.</b>					
2. Principal Office Address <b>5041 SW 148 Pl.</b>			3. Mailing Office Address <b>P.O. Box 836703</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI FL.</b>			City & State <b>MIAMI FL.</b>		
Zip <b>33185</b>	Country <b>USA</b>	Zip <b>33283-6703</b>	Country <b>USA</b>		

FILED  
02 FEB 15 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*300.00 \*\*\*\*300.00

4. Date Incorporated or Qualified To Do Business in Florida <b>07/14/99</b>	
5. FEI Number <b>650935038</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>CARMEN MARKOVICH</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>5041 SW 148 Pl.</b>		
Suite, Apt. #, Etc.		
City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33185</b>

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

*Carmen Markovich*

REGISTERED AGENT MUST SIGN

Date **02/11/02**

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	CARMEN MARKOVICH	5041 SW 148 Pl.	MIAMI FL. 33185
D	ALBERTO MARKOVICH	5041 SW 148 Pl.	MIAMI FL. 33185

01-02 UBR

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)(l), 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: *Carmen Markovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/02 (305) 225-7462

Date

Daytime Phone #

CR2E081 (9/01)

