PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 WEB

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068843

1. Corporation Name

NICK LUACES DESIGN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2801 FLORIDA AVE SUITE 24. MIAMI FL 33133 US	2801 FLORIDA AVE SUITE 24. MIAMI FL 33133 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	289 FLORIDA AVE Suite, Apt. #, etc. SUITE 24
City & State	City & State Miami FLA
Zip / Country	Zip 33133 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/1999

5. FEI Number: 65-0975437 ☐ 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
DPS	LUACES, NICOLAS	14725 SW 53RD TERRACE	MIAMI FL 33185

500000637095
10/28/02--01124--011 **150.00

8. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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 REQUIRED Date 10/23/02

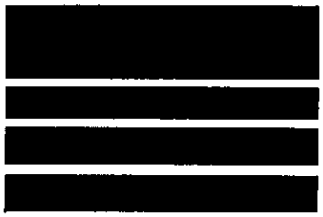
REGISTERED AGENT MUST SIGN

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.

(305) 529-0015

SIGNATURE: SIGNATURE REQUIRED NICOLAS LUACES 10/21/02

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



NICK LUACES DESIGN
ASSOCIATES
INTERIOR AND ARCHITECTURAL
DESIGN

October 23, 2002

Florida Department of State
Division o fCorporations
P.O. Box: 6327
Tallahassee, Fl. 32314-6327

Re: Reinstatement
Document # P99000068843

Dear Sir or Madam:

Enclosed please find my application for reinstatement with the required fee for reinstatement of $150.00 in a form of check.

The reason why I failed to file the 2002 corporation annual is that I did not received the documents. My office is located in the same building, but the suite number was not included as noted.

Best regards,

Nicolas A. Luaces
President

NAL:bn
Enclosures: Application for reinstatement
Check No. 2212

2801 FLORIDA AVENUE • SUITE 24 • COCONUT GROVE, FL 33133 • TEL. (305) 529-0015 • FAX (305) 529-0188