

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 31 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13143

1. Corporation Name

Luminar International Corp

2. Principal Office Address

5760 E. Coach House Cir

3. Mailing Office Address

7575 W. Flagler

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

Suite 204

City & State

Boca Raton FL

City & State

Miami FL

Zip

33486

Country

Zip

33144

Country

—

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/90

5. FEI Number

65-0227509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cynthia B. Albuquerque

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

7575 W. Flagler ST

200004573092-4

-09/06/01--01089-011

Suite, Apt. #, Etc.

Suite 204

****300.00 ****300.00

City

Miami

State

FL

Zip Code

33144

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

Cynthia B. Albuquerque
REGISTERED AGENT MUST SIGN

Date 8/28/01

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	Cynthia B. Albuquerque	7575 W. Flagler ST. #204	Miami FL 33144

REINSTATEMENT 00-0178

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:

Cynthia B. Albuquerque
Director

8/28/01 (61)883-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #