

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 00-06

DOCUMENT # S34755

1. Corporation Name

LUPI INCORPORATED

2. Principal Office Address

1529 SE 8TH STREET

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip
33441

Country
USA

3. Mailing Office Address

1529 SE 8TH STREET

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip
33441

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/25/1991

5. FEL Number
65-0247583

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
ALAN MORAWA

Street Address (P.O. Box Number is Not Acceptable)
1529 SE 8TH STREET

Suite, Apt. #, Etc.

City
DEERFIELD BEACH, FL

State
FL

Zip Code
33441

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

Alan Morawa

REGISTERED AGENT MUST SIGN

Date 06/26/06

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 P	ALAN MORAWA	1529 SE 8TH STREET	Deerfield Beach, Fl. 33441
DVPT	LORRAYNE K. MORAWA	1529 SE 8TH STREET	Deerfield Beach, Fl. 33441

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07/11/06--01036--018 **1050.00

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 contained in Chapter 119, 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:

Lorrayne K. Morawa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorrayne K. Morawa

06/26/06

Date

561-368-0301

Daytime Phone #

**LUPI INCORPORATED
1529 SE 8TH STREET
DEERFIELD BEACH, FLORIDA 33441**

PHONE (561) 368-0301

June 26, 2006

Florida Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314


In RE: 2000, 2001, 2002, 2003, 2004, 2005 and 2006 Corporate Reinstatement filing
Uniform Business Report Document # S34755

I met with my accountant today and he found that I had not renewed my Uniform Business Report for, the above years. I never received the original application; please notice the change of address.

Please find enclosed a Corporation Reinstatement form and a check in the amount of \$ 1,050.00 for the above years.

Due to the circumstance above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;


Alan Morawa
Company President