


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000100172</b>			
1. Entity Name LIGHT SUCCESS PRODUCTS, LLC			
Principal Place of Business 5156 CREUSOT COURT ORLANDO, FL 32839		Mailing Address PO BOX 561210 ORLANDO, FL 32856	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5156 CREUSOT CT Suite, Apt. #, etc.	
City & State		City & State ORLANDO	
Zip	Country	Zip	Country
32839	U.S.	32839	U.S.

FILED

2009 JUN -9 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06022009 REIN-LLC CR2E101 (1/07)

4. FEI Number 75-3225226	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HIGGINS, DANA A 5156 CREUSOT COURT ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dana A. Higgins* (NOTE: Registered Agent signature required when reinstating) DATE *June 2, 2009*

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, DANA A PO BOX 561210 ORLANDO, FL 32856 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000156950100 06/09/09--01038--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000156950180 06/09/09--01038--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dana A. Higgins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE *June 2, 2009*  
DATE