

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PP7030060919

1. Corporation Name

LIGHTING BY SHEKAR, INC

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Office Address

4715 EMERALD FOREST WAY

Suite, Apt. #, etc.

#2002

City & State

ORLANDO FL

Zip

32811

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/97

5. FEI Number

65-0783014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-10

7. Name and Address of Current Registered Agent

Name

ROBERT F. MAHONEY

600003328356-9

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

3801 NORTH FEDERAL HWY.

07/19/00 01097 006

*****\$900.00 ***\$900.00**

Suite, Apt. #, Etc.

City

POMERANUS Bldg

State

FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/8/00**

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
P.T.	SHEKAR S. AIYER	4715 EMERALD FOREST WAY	ORLANDO, FL
		#2002	32811

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:

[Signature] **SHEKAR AIYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00
Date

407-423-7753
Daytime Phone #

CR2081 (9/99)