

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 11 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000093252

1. Corporation Name

Tom Kenny Lighting & Design Inc

WD4-47185

2. Principal Office Address

1147 Buchanan St

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

1147 BUCHANAN ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

BROWARD

REINSTATEMENT

1/11/05
02-04
JRM

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3607136

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

Tom Kenny

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

1147 Buchanan St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

Date

REGISTERED AGENT MUST SIGN

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	Tom Kenny (Thomas Kenny)	1147 Buchanan St.	Hollywood, FL 33019
d	Laurie D'Auria	1147 Buchanan St.	Hollywood, FL 33019
			800043652788 01/13/05--01013--020 **158.75
			800043652788 12/27/04--01091--002 **300.00

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 under section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2004
Date

954-927-1523
Daytime Phone #

CR2E081 (10/02)

*02 AR Ret. by DO. as unde. l. w. m. h. l. ...