

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 20 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # 572039

1. Corporation Name

LIGHTS, CABLES & HEAVY STUFF, INC.

2. Principal Office Address

3200 W. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3200 W. Oakland Park Blvd.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33311

Country

US

City & State

Lauderdale Lakes, FL

Zip

33311

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/12/78

5. FEI Number

59-1821665

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

John Boisseau

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

3200 West Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33311

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] **Pres.**

REGISTERED AGENT MUST SIGN

Date **8/8/03**

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
DPST	John Boisseau	1219 SW 5th Court	Ft. Lauderdale, FL 33312-2418

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08/13/03--01045--009 **900.00

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)(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]

John Boisseau, Pres.

8/8/03

954-714-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/20