

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 APR 21 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 580208

1. Corporation Name

WAREHOUSE OF LIGHTS, INC.

2. Principal Office Address

14025 S.W. 142 AVE.

Suite, Apt. #, etc.

#9

City & State

MIAMI, FLORIDA

Zip

33186

Country

U.S.A.

3. Mailing Office Address

14025 S.W. 142 AVE

Suite, Apt. #, etc.

#9

City & State

MIAMI, FLORIDA

Zip

33186

Country

U.S.A.

**REINSTATEMENT** 92-100

4. Date Incorporated or Qualified  
To Do Business in Florida

7-29-1978

5. FEI Number

59-1847438

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

NATALIE M. ROBINSON

800003230518--9

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

15398 GARFIELD DRIVE

05/01/00-01013-003

\*\*\*\*\*8.75 \*\*\*\*\*8.75

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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

Natalie M. Robinson

REGISTERED AGENT MUST SIGN

Date April 15, 2000

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/v/m NATALIE M. ROBINSON

15398 GARFIELD DRIVE

HOMESTEAD, FL.

F/S

HOMESTEAD, FL 33

33033

800003230518--9

-05/01/00-01013-004

\*\*\*1950.00 \*\*\*1950.00

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Natalie M. Robinson NATALIE M. ROBINSON

Date

Daytime Phone #

4-15-2000 (305) 247-9071

CR2E081 (9/99)