

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

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 F/S	NATALIE M. ROBINSON	15398 GARFIELD DRIVE HOMESTEAD, FL 33033	HOMESTEAD, FL. 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 4-15-2000 (305) 247-9071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)