

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -1 PM 2:13

DOCUMENT # 838307

1. Corporation Name

Westinghouse Lighting Corp.

2. Principal Office Address

12401 McNulty Rd

Suite, Apt. #, etc.

City & State

Phila - PA

Zip

19154

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

USA

REINSTATEMENT

04

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

5. FEI Number

23-1530814

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

RAYMOND A DASCH

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

2000 LEWIS IND. BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

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]

Date 11/7/04

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
<u>PRES</u>	<u>RAYMOND ANGELO</u>	<u>12401 McNulty Rd, Phila Pa 1915</u>	<u>Phila PA 19115</u>
<u>Chairman</u>	<u>Stanley Angelo</u>	<u>"</u>	<u>"</u>
<u>Secretary</u>	<u>Raymond Angelo</u>	<u>"</u>	<u>"</u>

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11/12/04--01053--019 **750.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/04

Daytime Phone #

215-671-2012
12/1/04

CR2E081 (01/04)