

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F02000001161**

1. Corporation Name

**AMERICAN-DE ROSA LAMPARTS, INC.**

Principal Place of Business

Mailing Address

1945 TUBEWAY AVE  
COMMERCE CA 90040

1945 TUBEWAY AVE  
COMMERCE CA 90040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 24 PM 1:12

**REINSTATEMENT**



300024091803  
10/24/03--01060--025 \*\*8.75

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2002

5. FEI Number

95-4165835

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| CP            | BAUER, RONALD                             | 1945 TUBEWAY AVE                                       | COMMERCE CA 90040       |
| WVS           | OSTERDAY, ELIZABETH                       | 1945 TUBEWAY AVE                                       | COMMERCE CA 90040       |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

300024091803  
10/24/03--01060--026 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KILKELLY, TIM  
400 N AGHLEY DR  
#4700  
TAMPA FL 33602

Name

Michael Jackson

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

4745 Oak Fair Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Michael Jackson*  
REGISTERED AGENT MUST SIGN

Date

10/22/03

11. 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:

*Elizabeth Osterday, Sec*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

323-728-6300

CR2ED40 (7/03)

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## American-De Rosa Lamparts, Inc.

Wholesale Distributor of Lamp and Lighting Fixture Parts

1945 Tubeway Avenue  
Commerce, CA 90040

Tel:  
323-728-6300  
800-777-4440  
Fax:  
323-728-0300  
800-866-7672

Web: [www.lamparts.com](http://www.lamparts.com)

October 22, 2003

Florida Department of State  
Glenda E Hood  
Secretary of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32399

Re: F02000001161 American-De Rosa Lamparts, Inc

Dear Sirs,

This is to inform you that our company has not received any prior uniform business reports from your office.

This is a request for a reinstatement of our company in Florida.

The name and address of our Agent is:

Michael Jackson  
4745 Oak Fair Blvd  
Tampa, FL 33610

Enclosed you will find the reinstatement fee of \$150.00 along with our request for reinstatement application.

Please contact me if you have any further questions.

Thanking you in advance for your cooperation in this matter.

Sincerely,  
Ronald Bauer

President