

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11012006 REIN-NP CR2E099 (11/05)

DOCUMENT # F02000003700 1. Entity Name LAUREN'S LIGHT, INC.					
Principal Place of Business 33 INNESS RD. TENAFLY, NJ 07670				Mailing Address 33 INNESS RD. TENAFLY, NJ 07670	
2. Principal Place of Business 3 GROVE ISLE DR. Suite, Apt. #, etc. 503		3. Mailing Address 3 GROVE ISLE DR. Suite, Apt. #, etc. 503		4. FEI Number 38-3662090 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL			
Zip 33133		Zip 33133			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINSWOG, BEN 3 GROVE ISLE DR STE 503 COCONUT GROVE, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC MILLIN, ANTHONY 33 INNESS RD. TENAFLY, NJ 07670	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 71 HOWARD PARK DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD FEINSWOG, BEN 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS FEINSWOG, MALVINA 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MILLIN, HENRY 595 ASHWOOD RD. SPRINGFIELD, NJ 07081		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MILLIN, MONICA 595 ASHWOOD RD. SPRINGFIELD, NJ 07081		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: BEN FEINSWOG <div style="float: right; text-align: right;"> 11/1/06 305-285-2239 <small>Date Daytime Phone #</small> </div>					

11/1/06