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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/StatesElp/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE TALLAHASSEE, FLORID!

JANO ANO

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: L16HTEK CORPORATION (Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
THOMAS LACHNER			
(Name of Person)			
LIGHTER CORPORTION			
(Firm/Company) BOX 369347			
BOX 368347  BONITA SPUMOS FL 34136 ESS			
, (City/State and Zip code)			
(City/State and Zip code)  (City/State and Zip code)  For further information concerning this matter, please call:			
THOMAS F. MCHWIAL 239, 227-0495 EST NO (Name of Person) (Area Code & Daytime Telephone Number) ST SS			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\frac{1}{2}\$			

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1.	LIGHTER CARDARATION
(Enter name of c "Inc.," "Co.," "Co.	COLPOKATION  orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  orp.," "Inc.," "Co," or "Corp.")
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>WY</u>	3. under the law of which it is incorporated) (FEI number, if applicable)
(State or country	
4. <u>2 ~ 6</u>	
(Date	
6. <u> </u>	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. BOX	360347, BONITA SPAINGS, FL 34334136 (Principal office address)
	SAME PROPERTY (Current mailing address)
	(Current maning address)
8. To EMA. (Purpose(s	of corporation authorized in home state or country to be carried out in state of Florida)  t address of Florida registered agent: (P.O. Box NOT acceptable)
9. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	THOMAS F. LACHWER
Office Address:	25270 BEEN WOOD OMUR #7
	RONITH SPRINGS, Florida 34135 (City) (Zip code)
Having been nam designated in this further agree to co	gent's acceptance: sed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.
	(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTO	ORS	
Chairman:	1 HOMAS RE LACHNER	
Address:	BOX 368347	<u>.</u>
	BONITH SPRING FL 34136	
	. ,	<del></del>
Address:		
Director:		
Director:		
		SECRE SECRE
B. OFFICER		C C
President:	THOMAS F LACHWER	5 Y OF 3
Address:	BOX 368 347	F ST
	DONITH SPRINGS FX 34136	RID.
Vice President:		
Address:	<u> </u>	. <u> </u>
Secretary:		
Address:	<del>_</del>	· · · · · · · · · · · · · · · · · · ·
Treasurer:		
Address:		·····
NOTE: If nec	essary you hay attach an addendum to the application listing additional officers an	d/or directors.
13	When lab	
	(Signature of Director or Officer listed in number 12 of the application)	
14	(Typed or printed name and capacity of person signing application)	<u> </u>
	(13 ped of printed name and capacity of person signing approachon)	

## State of Wyoming

## Office of the Secretary of State



United States of America, State of Wyoming

} ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that **LIGHTEK CORPORATION**, a corporation originally organized under the laws of the state of Delaware on February 20, 2002 and thereafter requested to be domesticated into the state of Wyoming, did on December 15, 2004, complete all filings required of a domesticating corporation to qualify and become a domestic corporation without any break in corporate existence.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 15<sup>TH</sup> day of **DECEMBER** A.D., 2004.

Secretary of State