

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-19-03
350.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 11:40

DOCUMENT # **F97000000615**

1. Limited Liability Company's Name

Southern Nights Landscape Illuminations, Inc.

CR2E041 (8/05)

2. Principal Office Address
1345A Union Hill Industrial Court

3. Mailing Office Address

1345A Union Hill Industrial Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

Alpharetta, GA

Zip

30004

Country

US

Zip

30004

Country

US

4. State/Country of Formation

Alabama

5. Date Organized or Qualified
To Do Business in Florida

02/05/1997

6. FEI Number

631095122

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Incorp Services, Inc

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

1201 STREET 17888 67th Ct. North

Suite, Apt. #, Etc.

TALLAHASSEE

Loxahatchee

State
FL

Zip Code

33470

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature] on behalf of Incorp Services, Inc.

Date 12/28/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	WILSON, GUYLA E	4850 McCoy Circle	Cumming, GA 30004
ST	ALEXANDER, THOMAS D	105 TOLAMATO TRACE	SAINT SIMONS ISLAND, GA 31522
GM	ALEXANDER, TONY	4850 McCoy Circle	Cumming, GA 30004
			500084741455 01/17/07--01040--007 **350.00
			REINSTATEMENT 03-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 12/26/2006

Daytime Phone # 678-318-4270

Typed or printed name of signing Managing Member/Manager Guyla E. Wilson, President