

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # F98000006306

1. Corporation Name

HIGHLIGHTS LIGHTING, INC.

00 MAR 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1616 PARK ROW  
VENICE CA 90291

Mailing Address

1515 PARK ROW  
VENICE CA 90291

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
180 NE 39th St. #109

City & State  
Miami, FL

Zip  
33137

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1998

5. FEI Number

95-4635678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

99-00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	THOMSEN, LORI ROSE	11738 MAYFIELD AVE #111 2120 ASHLAND AVE.	LOS ANGELES CA SANTA MONICA, CA 90405
V	REZEK, RONALD	4200 SEPULVEDA BLVD	CULVER CITY CA 90230

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\*\*\*908.75 \*\*\*908.75

8. Name and Address of Current Registered Agent

VALDES, CARLOS  
180 NE 39TH ST #109  
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*Carlos Valdes* REQUIRED

REGISTERED AGENT MUST SIGN

Date

02-23-00

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:

*for Lori Rose (Thomsen)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-99 310-390-8210

Daytime Phone #

CR2E040 (8/99)