

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL -7 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *F98620*

1. Corporation Name  
LAMPLIGHTER FURNITURE CO., INC.

2. Principal Office Address  
38515 FIFTH AVENUE

3. Mailing Office Address  
38515 FIFTH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ZEPHYRHILLS, FL

City & State  
ZEPHYRHILLS, FL

Zip Country  
33542 USA

Zip Country  
33542 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 09/08/1982

5. FEI Number Applied For  
592170376 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 08-05

7. Name and Address of Current Registered Agent

Name  
KOPPELBERGER, CAROLYN

Street Address (P.O. Box Number is Not Acceptable)  
5709 13TH ST.

Suite, Apt. #, Etc.

City  
ZEPHYRHILLS

State Zip Code  
FL 33540

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Carolyn L. Koppelberger*  
REGISTERED AGENT MUST SIGN

Date 07/05/2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KOPPELBERGER, CAROLYN	5709 13TH ST.	ZEPHYRHILLS, FL 33542
VD	KOPPELBERGER, MYRON	5709 13TH ST.	ZEPHYRHILLS, FL 33542
S	VANDEMHEN, JULIA	5249 11TH ST.	ZEPHYRHILLS, FL 33542
TD	BURGETT, VELVA	6041 16TH ST.	ZEPHYRHILLS, FL 33542

10. 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.

*Carolyn L. Koppelberger*

SIGNATURE: CAROLYN KOPPELBERGER 07/05/2005 (813)788-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)