▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000002115

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002115

Name and Mailing Address

0009605 01 AT 0.292 **AUTO T5 2 0615 33626-300912

LIGHTED LOGOS, L.C.
12912 DUPONT CIRCLE
TAMPA FL 33626-3009

CR2E034 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 01/23/2002
Principal Place of Business 12912 DUPONT CIRCLE TAMPA FL 33626 3. New Principal Place of Business Address City, State, Zip	6. FEI Number 42-1528814 ☐ 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	9. Name and Address of New Registered Agent
WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON FL 34209	Name Street Address (P.O. Box Number is Not Acceptable) 300023973283 10/21/03--01082--004 **150.00 City FL Zip Code

10. 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 REQUIRED Date 10/16/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LANKFORD, PAUL	12912 DUPONT CIRCLE	TAMPA FL 33626
MGR	BIRON, SCOTT	12912 DUPONT CIRCLE	TAMPA FL 33626
~~MGR~~	~~FALKNER, JASON~~	~~12912 DUPONT CIRCLE~~ DELETE	~~TAMPA FL 33626~~
		REINSTATEMENT 03 dcc	

12. 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/Manage SIGNATURE REQUIRED Date 10/16/03 Daytime Phone # 1.813.854.3033

Typed or printed name of signing Managing Member/Manager