

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064473

Entity Name: AMERICAN LIGHT LLC

FILED
Oct 10, 2007
Secretary of State

Current Principal Place of Business:

4207 S.E. 6TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

4207 S.E. 6TH PLACE
CAPE CORAL, FL 33904 US

Current Mailing Address:

4207 S.E. 6TH PLACE
CAPE CORAL, FL 33904

New Mailing Address:

4207 SE 6TH PLACE
CAPE CORAL, FL 33904 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAFFER, GARY D MGR
4207 SE 6TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY D. SHAFFER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAFFER, KING W MGR
Address: 154 CANTERBURY ROAD
City-St-Zip: MT. LAURAL, NJ 08054 US

Title: MGR () Delete
Name: SHAFFER, GUY C MGR
Address: 8 STROMBERG COURT
City-St-Zip: JOHNSTON, RI 02919 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SHAFFER, GARY D MGR
Address: 4207 SE 6TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY D. SHAFFER

MGR

10/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date