

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 JAN 12 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M23233

1. Corporation Name SOUTHEAST FLORIDA LIGHTING, INC.

Principal Place of Business 5300 NW 12 Ave., Suite 1  
Ft. Lauderdale, FL 33309  
Mailing Address 5300 NW 12 Ave., Suite 1  
Ft. Lauderdale, FL 33309

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/12/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 592627407	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	Charles L. Meter, Jr.	5300 NW 12th Avenue, Ste. 1	Ft. Lauderdale, FL 33309
VS	Ann Meter	5300 NW 12th Avenue, Ste. 1	Ft. Lauderdale, FL 33309

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-01/26/01--01155--008  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

2000

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John Michael Traynor, Esquire  
28-Cordova-Street  
St. Augustine, Florida 32084

Name Tance Roberts, Esquire  
Street Address (P.O. Box Number is Not Acceptable) 200 Malaga Street  
Suite, Apt. #, Etc. Suite #9  
City St. Augustine State FL Zip Code 32084

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 Tance E. Roberts

Date 12/28/00

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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: *Charles L. Meter Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01

Date

(954) 772-0600

Daytime Phone #

CR2E081 (12/98)