

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M36866

1. Corporation Name

R.M. FABIAN, INC.

Principal Place of Business

872 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

Mailing Address

872 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1986

5. FEI Number

59-2707250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
DP	FABIAN, RONALD MAX	8801 S.W. 2ND ST. 1700 S. OCEAN BLVD. Apt 5B	PLANTATION FL POMPANO BEACH FL 33062.
D	FABIAN, GARTH	1200 S.W. 4TH STREET 1416 NE 23rd DR	FT. LAUDERDALE FL 33304 WILTON MANOR FL 33334

600024178596
10/27/03--01118--004 **150.00

8. Name and Address of Current Registered Agent

GARTH, FABIAN
872 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33334

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONALD M. FABIAN - Pres. 10/21/03. 954 563 6667

CR25040 (7/03)



LIGHT BULBS UNLIMITED®

"If We Ain't Got It, We'll Get It"®

872 E. Oakland Park Boulevard
Ft. Lauderdale, Florida 33334
Tel: (954) 563-6667
Fax: (954) 563-6755

October 22nd, 2003

*Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, Florida 32302-1500*

Dear Sir Madam;

*Enclosed please find a completed Uniform Business Report (UBR) for the year 2003;
along with a check for \$150 for the annual fee.*

*I am enclosing the form late because I never received the original. There may have
been some confusion with the United States Postal Service as we expanded our store
and took over the stores next to us and they have different street numbers. We also
moved our Administration offices to a new address and have had some difficulty in
receiving our mail.*

*Please know that we take our filing obligation extremely seriously and have
done so in a timely manner for the past 17 years.*

*Thank you for your attention in this matter. I can be contacted at the above
telephone number should you require any further information.*

Yours Sincerely,

**RONALD M. FABIAN
PRESIDENT LIGHT BULBS UNLIMITED**

RMF/cd