

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007633

FILED  
May 11, 2005  
Secretary of State

Entity Name: LIGHTED STAIRWAY, INC.

## Current Principal Place of Business:

POBOX 260552  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 607802  
ORLANDO, FL 328607802 US

## New Mailing Address:

POST OFFICE BOX 260552  
PEMBROKE PINES, FL 33026 US

FEI Number: 65-1148887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: ELSIE SANCHEZ

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAVENDE, DON  
Address: POBOX 260552  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SVD ( ) Delete  
Name: LAVENDE, JAN L  
Address: POBOX 260552  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TDD ( ) Delete  
Name: CKEMENTS, SUSANNA  
Address: POBOX260552  
City-St-Zip: PEMBROKE PINES, FL 33026

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LAVENDE, DON  
Address: POBOX 260552  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: SVD (X) Change ( ) Addition  
Name: LAVENDE, JAN L  
Address: POBOX 260552  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: TDD (X) Change ( ) Addition  
Name: CLEMENTS, SUSANNA  
Address: POBOX260552  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: TDD ( ) Change (X) Addition  
Name: CUMMINGS, EULDA  
Address: POBOX 260552  
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON LAVENDE

PD

05/11/2005

Electronic Signature of Signing Officer or Director

Date