


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011097		
1. Entity Name LAMPLIGHTERS AGLOW, INC.		

FILED

06 AUG 25 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

082220063 REINSTATEMENT 0822006 (11/05)

05-06

Principal Place of Business 15800 NORTHWEST 42ND AVENUE MIAMI, FL 33054	Mailing Address 4340 NORTHWEST 187TH STREET MIAMI, FL 33055
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 11-3739010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARNOLD, VELMA 4340 NORTHWEST 187TH STREET MIAMI, FL 33055	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Velma Arnold</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <i>8/22/06</i>
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, VELMA 4340 N.W. 187TH STREET MIAMI, FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMANUEL, LULA P 4340 N.W. 187TH STREET MIAMI, FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEYMOUR, CLEO 4340 N.W. 187TH STREET MIAMI, FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WRIGHT, JETTIE 4340 N.W. 187TH STREET MIAMI, FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LATIMORE-SWEETING, LESA 4340 N.W. 187TH STREET MIAMI, FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADV WALLACE, DOROTHY 4340 N.W. 187TH STREET MIAMI, FL 33055 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000079225860 08/29/06--01056--001 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Lisa Latimore-Sweet</i>	8/22/06	305-470-3634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #