## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR**



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

## P0000000168 **DOCUMENT #**

1. Corporation Name

SIGNATURE:

DISCOLINT LIGHTING & SUPPLIES INC

| Principal Place of Business Mailing Add   |                        |                       |   |  |   | TA                                | EGNETARY OF S<br>LLAHASSEE, FI | STATE<br>-ORIĐA                        |                               |
|---|------------------------|-----------------------|---|--|---|-----------------------------------|--------------------------------|--|-------------------------------|
| 14525 SOUTHWEST 175TH STREET<br>MIAMI FL 33177  |                        |                       | Mailing Address 14525 SOUTHWEST 175TH STREET MIAMI FL 33177 |  |   |                                   |                                |  |                               |
| ر<br>If above   | addresses are incorre  | ct in any way line th | vough incomes   | info   |   | 20                                | D U                            | RE                                     | 2                             |
| If above addresses are incorrect in any way, line through the Principal Office Address, If Applicable |                        |                       | New Mailing Office Address, If Applicable                   |  |   | A. Date Incorporated or Qualified |                                |  |                               |
| Suite, Apt. #, etc.   |                        |                       | Suite, Apt. #, etc.   |  |   | 5. FEI Number                     |                                | 01/03/20                               | <u> </u>                      |
| City & State  |                        |                       | City & State  |  |   | <u> </u>                          | 65-0969862                     |  | Applied For<br>Not Applicable |
| Zip Country   |                        | Zip                   |   | Country  | 6. CERTIFICATE OF STATUS DESIR  |                                   | \$8.75 Addi<br>for a Cer       | tional Fee required tificate of Status |                               |
| 7. Names  |                        |                       | or Director (Flo  | orida nonpro                                       | fit corporations must list at le  | ast 3 directors)                  |                                | ·                                      |                               |
| Title(s) Name of Officers and/or Directors  |                        |                       |   | Street Address of Each<br>Officer and/or Director  |   |                                   | City / State / Zip             |  |                               |
| PTD   | GARCIA, CARLOS J       |                       |   | 14525 SOUTHWEST 175TH STREET                       |   |                                   | MIAMI FL 33177                 |  |                               |
|   |                        |                       |   |  |   |                                   |                                |  | <del></del> ,                 |
|   |                        |                       |   |  | · · · · · · · · · · · · · · · · · · ·   | <b>70</b><br>10/25/               | <b>000860</b> 2<br>020112000   | 2087<br>)8 **158                       | 3.75                          |
|   |                        |                       |   |  |   |                                   |                                |  |                               |
| <del></del> -   |                        |                       |   |  |   |                                   |                                |  |                               |
|   |                        |                       |   |  |   |                                   |                                |  |                               |
| 8. Name and Address of Current Registered Agent   |                        |                       |   |  |   | _9Name and /                      | ddress of New Registe          | ered Agent-                            |                               |
| GARCIA, CARLOS  |                        |                       |   | Name   |   |                                   |                                |  | <del></del>                   |
| 14825 SW 175 STREET<br>MIAMI FL 33177   |                        |                       |   | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |                                |  |                               |
|   |                        |                       |   | Suite, Apt. #, Etc.                                |   |                                   |                                |  |                               |
|   |                        |                       |   |  | City  | ,,                                |                                | State Zip Co                           | de                            |
| u. I, peing   | appointed the register | ed agent of the abo   | ve named corpo  | ration, am fa                                      | miliar with and accept the ob   | ligations of Section              | on 607.0505, F.S. or 617       | .0505, F.S.                            |                               |
| Signature of Registered AgentSIGNATURE  |                        |                       |   | REQUIRED   |   |                                   | Date                           |  |                               |
|   |                        | RE                    | GISTERED AGE  | ENT MUST S   | SIGN  | <del></del>                       | Date                           |  | <del></del>                   |
| owed by   | the corporation have   | peen paid and the n   | ames of individu  | als listed on                                      | execute this application as pr<br>ne corporate name satisfies the<br>this form do not qualify for a<br>egal effect as if made under | he requirements                   |                                |  |                               |

FILED

02 OCT 25 PM 3: 31



Discount Lighting & Supplies, Inc. 14525 SW 175 Street Miami, FL 33177

October 22, 2002

Department of State Division of Corporation 409 East Gaines Street Tallahassee, FL 32399

Re:

Uniform Business Report

Discount Lighting & Supplies, Inc.

Secretary of State:

Enclosed please find my signed Application for Reinstatement along with a check for \$158.75, for the filing of my corporation and a certificate of status.

Please accept my payment and reinstate my corporation, as I did not receive any prior notices.

Thank you for your consideration,

Carlos Garcia

President of Discount Lighting & Supplies, Inc.