

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000029902

1. Corporation Name

LIGHTERLADY, INC.

Principal Place of Business

Mailing Address

22535 MERIDIANA DRIVE
BOCA RATON FL 33433

22535 MERIDIANA DRIVE
BOCA RATON FL 33433

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/23/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0995203	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ULLMAN, DONNA P	22535 MERIDIANA DRIVE	BOCA RATON FL 33433

300004669033--2
-11/06/01--01057--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ULLMAN, DONNA P
22535 MERIDIANA DRIVE
BOCA RATON FL 33433

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.

Signature of
Registered Agent

Donna Ullman REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/01

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:

Donna Ullman REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

CR2040 (9/01)

2000 glades road / ste. 324
boca raton, florida 33431

561 394 5100
561 750 9781 fax

www.krco-cpa.com

October 17, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

RE: Lighterlady, Inc.
EIN: 65-0995303
Form: Corporate Reinstatement
Period: December 31, 2000

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer. At their request, we are submitting the Application for Corporate Reinstatement for the year ended 2000. The reinstatement application fee was increased from \$150.00 to \$600.00.

Please note that the corporation is in its first year of operations and was not aware of their filing responsibility. Also, the owner never received the forms prior to this to complete the Uniform Business Report (UBR). Enclosed is the Application for Corporate Reinstatement and processing fee of \$150.00.

In light of the above information we request that you reinstate the company and abate the additional assessment.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

KAUFMAN, ROSSIN & CO.



Scott F. Berger

Enclosures

cc: Donna Ullman

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