

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000029902

1. Corporation Name

LIGHTERLADY, INC.

FILED

02 NOV 20 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FL



400009110614

11/20/02--01057--020 \*\*150.00

Principal Place of Business

22535 MERIDIANA DRIVE  
BOCA RATON FL 33433

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/2000

5. FEI Number

65-0995303

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ULLMAN, DONNA P	22535 MERIDIANA DRIVE	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

ULLMAN, DONNA P  
22535 MERIDIANA DRIVE  
BOCA RATON FL 33433

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-12-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-02 561-447-4086

CR2040 (8/02)

225 n.e. mizner blvd., ste. 250  
boca raton, florida 33432

561 394 5100  
561 750 9781 fax

www.kaufmanrossin.com

November 7, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Lighterlady, Inc.  
EIN: 65-0995303


Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. They have just received the enclosed Application for Reinstatement. Please be advised that prior to receipt of this application they did not receive any other correspondence or the original report. Please be advised that the taxpayer is an older widow who maintains this small corporation. Unfortunately, she was unaware to be on the lookout for this form and did not realize she was not in compliance.

Enclosed is the completed Application for Reinstatement along with a check in the amount of \$150.00. Please kindly waive the additional fees.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,



Scott F. Berger  
Principal

Kaufman, Rossin & Co.

Enclosures

Cc: Donna Ullman

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