




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000035140		<div>FILED</div> <div>02 NOV 25 PM 12:54</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div></div>	
1. Corporation Name THE LIGHTING PEOPLE, INC.			
Principal Place of Business 7401 WEST SAMPLE ROAD CORAL SPRINGS FL 33065			
Mailing Address 7401 WEST SAMPLE ROAD CORAL SPRINGS FL 33065			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 04/05/2000	
		5. FEI Number 59-3762038 APPLIED FOR	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	BLOCK, JERALD F	7401 WEST SAMPLE ROAD	CORAL SPRINGS FL 33065
VSD	BLOCK, LISA	7401 WEST SAMPLE ROAD	CORAL SPRINGS FL 33065
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOPSICK, MICHAEL D 7777 GLADES ROAD SUITE 200 BOCA RATON FL 33434		Name Jerald Block Street Address (P.O. Box Number is Not Acceptable) 7401 West Sample Rd Suite, Apt. #, Etc. City Coral Springs State FL Zip Code 33065	
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		Date	
		10-23-02	
REGISTERED AGENT MUST SIGN			
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: 		10-23-02 934-757-9646	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E040 (8/02)