

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -8 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 78168

1. Corporation Name

INTERNATIONAL MEDIA LIGHTING

REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box #

2016 BAY DRIVE

Suite, Apt. #, etc.

905

3. Mailing Office Address

2016 BAY DRIVE

Suite, Apt. #, etc.

905

City & State

MIAMI BEACH

City & State

MB, FL

Zip

Country

33141

USA

Zip

Country

33141

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/00

5. FEI Number

651032523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ENOS VIOLA

Street Address (P.O. Box Number is Not Acceptable)

2016 BAY DRIVE

Suite, Apt. #, Etc.

905

City

MIAMI BEACH

State

FL

Zip Code

33141

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/2/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	VALENTINA BARIAMI	VIACHINSI 14 ROME ITALY	00139 ITALY
PRES	ENOS VIOLA	2016 BAY DR 905	MIAMI BEACH 33141 FL

300110493653
10/08/07--01036--027 **300.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/2/07

Daytime Phone #

DIR, SIRS

10/2/07

292

WE DIDN'T RENEW ON TIME BECAUSE OUR
MAILING ADDRESS CHANGED, EVIDENTLY OUR
CPA DIDN'T REPORT THAT.

AFTER WE SPOKE TO ONE OF YOUR REP
WE ENCLOSE A CHECK FOR \$300⁰⁰ FOR THE YEARS
2006-2007 -

BEST REGARDS

EROS VIOLA

305-6327565 CELL

MEDIALIGHT
LIGHTING & DESIGN
2016 BAY DRIVE PH905
MIAMI BEACH FL 33141
T. 305-8680369 F. 305-8680328