

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 OCT 13 PH 3:48

DOCUMENT # P00000079134

1. Corporation Name

ESTAR LIGHTING, INC.

Principal Place of Business

Mailing Address

110 LOCUST RUN
 OCALA FL 34472

110 LOCUST RUN
 OCALA FL 34472



REINSTATEMENT 03

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

08/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1042181

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
V	BRADSHAW, ROGER	33 EMERALD COURT	OCALA FL 34472
PT	WRAY, DON	110 LOCUST RUN	OCALA FL 34472
S	EARNSHAW, WILLIAM	48 N.E. 56 TERRACE	OCALA FL 34470

200023747992
 10/13/03--01057--010 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WRAY, DON
 110 LOCUST RUN
 OCALA FL 34472

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

Don Wray
 REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Glenda E. Hood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

10/13/03

CR2E040 (7/03)