

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

03 OCT 22 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048695

1. Corporation Name

PALM LIGHTING AND ELECTRIC, INC.

Principal Place of Business

Mailing Address

~~1950 SOUTH OCEAN LANE STE #15~~
FT LAUDERDALE FL ~~33160~~

~~1950 SOUTH OCEAN LANE STE #15~~
FT LAUDERDALE FL ~~33160~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

2615 NE 17 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2615 NE 17 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2001

5. FEI Number

65-1107941

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33305

33305

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	ANGELINI, VALERIE (MARRIED) VALERIE ANGELINI TAYLOR	1950 SOUTH OCEAN LANE STE #15 <u>2615 NE 17 Street</u>	FT LAUDERDALE FL 33160 <u>33305</u>

700024021737

10/22/03--01062--009 **750.00

10/14/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, KEVIN-J ESQ
1390 N UNIVERSITY DRIVE
FT LAUDERDALE FL 33322

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

REGISTERED AGENT MUST SIGN

Date 10.14.23

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valerie A Taylor

Date

Daytime Phone #

Oct 14, 2023 954-592-4327

CR2040 (7/03)