

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 NOV 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000005219**

1. Corporation Name

LICHT CORPORATION

Principal Place of Business

Mailing Address

12755 SW HIGHWAY 484
DUNNELLON FL 34432

12755 SW HIGHWAY 484
DUNNELLON FL 34432

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/2002

5. FEI Number

68-0489982

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P, V, S	Reinhardt J. Licht	12755 SW Highway 484	Dunnellon, FL 34432

600024949086

11/24/03--01019--015 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACKERELL, AVONELLE R P.A.
20743 W. PENNSYLVANIA AVENUE
DUNNELLON FL 34431

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

Avonelle R. Mackerell

REGISTERED AGENT MUST SIGN

Date

11-20-03

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.

352-489-2711

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reinhardt J. Licht REINHARDT J. LIGHT 11-20-03

Date

Daytime Phone #

CR2E040 (7/03)

LAW OFFICES
AVONELLE R. MACKERELL, P.A.
20743 West Pennsylvania Avenue
P.O. Box 717 • Dunnellon, Florida 34430

(352) 489-2264

Fax (352) 489-6890

November 20, 2003

**Certified Mail
Return Receipt
#7002 3150 0000 7745 3657**

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

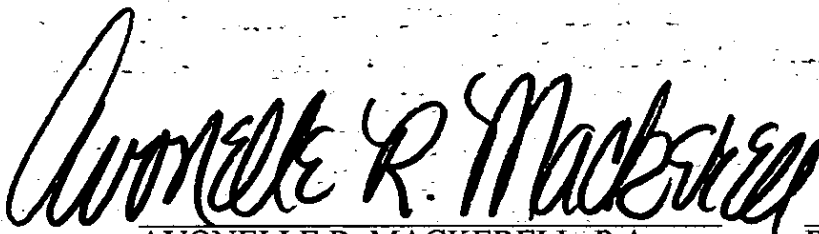
**RE: LICHT CORPORATION
Document Number: P02000005219**

Dear Sir or Madame:

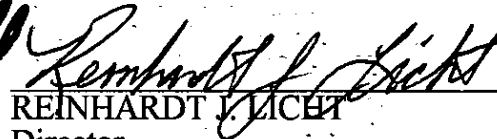
Pursuant to a telephone conversation with your office on November 19, 2003 and their instruction that I write this letter to inform you that I, Reinhardt J. Licht, the President, Vice-President and Secretary of the above mentioned corporation did not receive a prior reinstatement application.

As directed by your office I have enclosed a completed Application For Reinstatement and a check in the amount of \$158.75, representing \$150.00 reinstatement fee and \$8.75 fee for a Certificate of Status.

Very truly yours,



AVONELLE R. MACKERELL, P.A.
Current Registered Agent



REINHARDT J. LICHT
Director
LICHT CORPORATION

ARM/RJL/eb
enclosures
cc: file