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 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000019411**

1. Corporation Name

LIGHTS ON ELECTRIC, INC.

Principal Place of Business	Mailing Address
10181 N.W. 21 STREET PEMBROKE PINES FL ~~33029~~	10181 N.W. 21 STREET PEMBROKE PINES FL ~~33029~~

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
10181 N.W. 21 ST.	10181 N.W. 21ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FLORIDA	City & State: PEMBROKE PINES FLORIDA
Zip: 33026 Country: U.S.A.	Zip: 33026 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/2002

5. FEI Number: 01-0609950 ☐ 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
D	VAZQUEZ, RIGOBERTO	10181 N.W. 21 STREET	PEMBROKE PINES FL ~~33029~~ 33026
VP	VAZQUEZ, EMMA	10181 N.W. 21ST.	P.PINES FL. 33026

900024025519
10/22/03--01069--025 **158.75

8. Name and Address of Current Registered Agent

KATES, LESTER G ESQ.
2655 LEJEUNE ROAD
804 GABLES INTERNATIONAL PLAZA
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (7/03)

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: SIGNATURE REQUIRED — Date: 10-8-03
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: SIGNATURE REQUIRED — 10-8-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LIGHTS ON ELECTRIC

10181 N.W. 21 Street
Pembroke Pines, Florida 33026

(954) 392-6628/(305) 216-1164

RIGOBERTO VAZQUEZ
President

10-08-03

FLORIDA DEPARTMENT OF STATE:

I "RIGOBERTO VAZQUEZ", OWNER AND PRESIDENT OF "LIGHTS ON ELECTRIC INC", AM WRITING THIS LETTER TO INFORM YOU THAT I did NOT RECEIVE THE TWO PREVIOUS NOTICES SENT BEFORE THIS REVOCATION.

AS IT IS OBIOUS ON THE RENEWAL APPLICATION, THE zip code FOR MY MAILING ADDRESS WAS INCORRECT. I HAVE MADE THE NECESSARY CORRECTIONS ON THE FORM.

IF YOU NEED ANY ADDITIONAL INFORMATION PLEASE FEEL FREE TO CALL ME AT THE ABOVE NUMBERS.

THANK YOU

R. Vazquez