

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 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000096232

1. Corporation Name

THE NLIGHTN COMPANY, INC.

Principal Place of Business

2507 INDEPENDENCE DR.
JACKSONVILLE BEACH FL 32250

Mailing Address

2507 INDEPENDENCE DR.
JACKSONVILLE BEACH FL 32250

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

2. New Principal Office Address, If Applicable

2071 EMERSON ST

Suite, Apt. #, etc.

SUITE 14

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. New Mailing Office Address, If Applicable

2071 EMERSON ST

Suite, Apt. #, etc.

SUITE 14

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2002

5. FEI Number

320031812

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
PSTD	HAYS, R. SCOTT	2507 INDEPENDENCE DR.	JACKSONVILLE BEACH FL 32250
		5235 ROLLINS AVE	JACKSONVILLE, FL 32207

8. Name and Address of Current Registered Agent

HAYS, R. SCOTT

2507 INDEPENDENCE DR. 5235 ROLLINS AVE
JACKSONVILLE BEACH FL 32250 JACKSONVILLE, FL
32207

9. Name and Address of New Registered Agent

Name

HAYS, R. SCOTT

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

5235 ROLLINS AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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]
REGISTERED AGENT MUST SIGN

Date

Nov 1, 2003

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] RSCOTT HAYS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 1, 2003 904-398-9066

Daytime Phone #

CR2E040 (7/03)