

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000101086**

1. Corporation Name

LIGHT XPRESSIONS, INC.

Principal Place of Business

61 EAST BROAD ST
TITUSVILLE FL 32796

Mailing Address

61 EAST BROAD ST
TITUSVILLE FL 32796

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

2. New Principal Office Address, If Applicable

210 S. WASHINGTON AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

210 S. WASHINGTON AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2002

5. FEI Number-

56-2298382

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P/S/T	GEORGE E. WOODRUFF	61 East Broad St.	Titusville, FL 32796
D/V	CHRIS WOODRUFF	5007 Commonwealth RD	Palmetto, FL 34221

8. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF PA
4909 MANATEE AVENUE WEST
BRADENTON FL 34209

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

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

10/20/03

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 941-729-5409

CR2E040 (7/03)



October 14, 2003

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

RE: Document No. P02000101086

To Whom It May Concern:

This letter is submitted in accordance with a telephone conversation with Barbara of your section on 14 October 2003. Evidently there was follow on correspondence sent to us, after our filing of the Annual Report, requesting more information. We have no record of ever receiving that correspondence.

Attached, please find requested information.

Sincerely,

LIGHTXPRESSIONS

A handwritten signature in cursive script, appearing to read "George Woodruff", is written over the printed name and title.

George Woodruff
President

GW/di

Attachment