

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -6 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11242004 REIN-P CR2E098 (6/04) *OH*

DOCUMENT # P03000013452 1. Entity Name SI-LITE, INC.					
Principal Place of Business 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232			Mailing Address 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232		
2. Principal Place of Business 4908 SW 18th Ave		3. Mailing Address 4908 SW 18th Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 06-1677317	
Zip 33914		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMSON, MARK 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name Samson, Mark Street Address (P.O. Box Number is Not Acceptable) 4908 SW 18th Ave City CAPE CORAL FL Zip Code 33914		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> 11-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMSON, MARK <input type="checkbox"/> Delete 301 N. CATTLEMEN ROAD #205 SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4908 SW 18th Ave CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMSON, SAMANTHA <input type="checkbox"/> Delete 301 N. CATTLEMEN ROAD #205 SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4908 SW 18th Ave CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200043213922 12/06/04--01049--020 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-30-04 239-699 485 <small>Date Daytime Phone #</small>		

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