

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 28 AM 11:42

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000070219**

1. Corporation Name

Lighting Construction Inc.

2. Principal Office Address - No P.O. Box #

5190 Commercial

Suite, Apt. #, etc

3. Mailing Office Address

5190 Commercial way

Suite, Apt. #, etc.

City & State

Spring Hill Fl

Zip

34606

Country

Hernando

City & State

Spring Hill Fl

Zip

34606

Country

Hernando

200166587082
01/19/10--01033--016 **458.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-03

5. FEI Number

651225916

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dwain A. Ogilvie

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

4403 Lamson Ave

Suite, Apt. #, Etc

City

Spring Hill

State

FL

Zip Code

34608

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dwain Ogilvie

REGISTERED AGENT MUST SIGN

Date **02-15-2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pre.	Dwain A Ogilvie	4403 Lamson Ave	Spring Hill Fl 34608

**M. MILLIGAN
EXAMINER**

JAN 28 2010

10. E-mail Address: **Dwain.Ogilvie@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:

Dwain Ogilvie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-15-2010

Daytime Phone #