

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAY 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05202008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000102133

1. Entity Name
R. LIGHTLE CONSTRUCTION INCORPORATED



Principal Place of Business Mailing Address

**5090 FAIRWAYS CIR
208
VERO BEACH, FL 32967**

**5090 FAIRWAYS CIR
208
VERO BEACH, FL 32967**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

715 PIRATE COVE LN **715 PIRATE COVE LN**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

VERO BEACH, FL **VERO BEACH, FL**

Zip Country Zip Country

32965 **U.S.A.** **32965** **U.S.A.**

4. FEI Number Applied For

03-0525428 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**LIGHTLE, ROGER
5050 FAIRWAYS CIRCLE #208
VERO BEACH, FL 32967**

Name
LIGHTLE, ROGER

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

715 PIRATE COVE LN.

City State Zip Code

VERO BEACH, FL **FL** **32965**

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: *Roger Lightle* DATE: 5/20/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

300130439783
05/29/08--01029--024 **300.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LIGHTLE, ROGER 5090 FAIRWAYS CIR, # 208 VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROGER LIGHTLE 715 PIRATE COVE LN VERO BEACH, FL. 32965 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. LIGHTLE, DAWN 5090 FAIRWAYS CIR, # 208 VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO V.P. <input checked="" 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
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 exemptions contained in Chapter 119, 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: *Roger Lightle* DATE: 5/20/08 DAYTIME PHONE: 772-473-2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT
07-08