


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

05 NOV 29 PM 3:45

CR2E081 8/05  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007453

1. Corporation Name

DAIS LIGHTING, INC.

2. Principal Office Address

1 Beach Drive S.E.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

Zip

33701

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

January 8, 2004

5. FEI Number

43-2090558

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2005

7. Name and Address of Current Registered Agent

Name

Thomas C. Roberge

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

1 Beach Drive S.E.

Suite, Apt. #, etc.

Suite 220

City

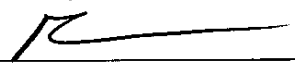
St. Petersburg

State  
FL

Zip Code  
33701

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



Date 10/25/05

REGISTERED AGENT MUST SIGN

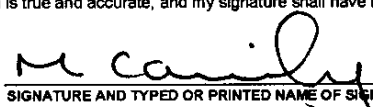
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	Mark Comiskey	Laubholzstrasse 15	8703 Erlenbach Switzerland

400061744094  
11/23/05--01012--013 \*\*750.00

10. 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

10-25-05

Date

727-822-9393

Daytime Phone #