

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

09 MAY 15 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000091984

1. Corporation Name

Duskylite (FL), Inc.

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

201 West Short Street

3. Mailing Office Address

201 West Short Street

Suite, Apt. #, etc.

c/o Guy M. Graves

Suite, Apt. #, etc.

c/o Guy M. Graves

City & State

Lexington, KY

City & State

Lexington, KY

Zip

40507

Country

U.S.A.

Zip

40507

Country

U.S.A.

800155982558

05/14/09--01013--018 **1200.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2004

5. FEI Number
20-1556870

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

Lynn B. Lewis, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue

Suite, Apt. #, Etc.
Suite 280

City

Miami

State

FL

Zip Code

33131

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

L.B. Lewis

REGISTERED AGENT MUST SIGN

Date May 11, 2009

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	Carlos Perez	201 West Short Street	Lexington, KY 40507

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 contained in Chapter 119, 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:

Carlos Perez

Carlos Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2009

Date

(859) 252-9000

Daytime Phone #