2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 23 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000111436

1. Entity Name
STRAUSS LIGHTING INC.

Principal Place of Business	Mailing Address
4106 S.E. 20TH PLACE # C6 CAPE CORAL, FL 33904 US	4106 S.E. 20TH PLACE # C6 CAPE CORAL, FL 33904 US

10102005 REIN-P CR2E088 (6/04)

2. Principal Place of Business	3. Mailing Address
17051 JEAN STREET	17051 JEAN STREET
Suite Apt. #, etc. # 2	Suite Apt. #, etc. SUITE # 2
City & State FT. MYERS FL	City & State FT. MYERS FL
Zip 33912 County USA	Zip 33912 County USA

4. FEI Number 900199802 — Applied For / 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 the registered agent.

SIGNATURE: Jerry Stevenson, BST. V.P. DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $500.00

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
D HARRAGIN, NIZAM 305 LINDEN BOULEVARD # D26 BROOKLYN, NY 11226 ☐ Delete	D. HARRAGIN NIZAM 2133 SW 11th COURT CAPE CORAL, FL 33991 ☒ Change ☐ Add
D DUMITRESCU, OCTAVIAN 4106 S.E. 20TH PLACE # C6 CAPE CORAL, FL 33904 ☒ Delete	D. DUMITRESCU, OCTAVIAN 4114 SW 21st PLACE CAPE CORAL, FL 33914 ☒ Change ☐ Add
☐ Delete	☐ Change ☐ Add
JR 11/23 ☐ Delete	300068896733 10/24/05--01057--005 **150.00 ☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OCTAVIAN DUMITRESCU 10/17/05 (239)481-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number