

1. Entity Name  
**TIFFANYS LIGHTING BY HOLLY, INC.**


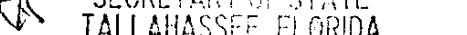


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 101/2007 REIN-P CR2E098 (1/07) 2007

Principal Place of Business 3227 ATLANTIC BLVD JACKSONVILLE, FL 32207		Mailing Address 3227 ATLANTIC BLVD JACKSONVILLE, FL 32207		 SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>REINSTATEMENT</b> 10/12/2007 REIN-1 CR2E098 (1/07) 2007	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARTHRELL, HOLLY D 3227 ATLANTIC BLVD JACKSONVILLE, FL 32207		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

10-11-07

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTHRELL, WILLIAM E JR 3227 ATLANTIC BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600110870576 10/17/07--01003--019 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTHRELL, HOLLY D 3227 ATLANTIC BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

**SIGNATURE**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone 6