## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P060000028137					1.24	1.7	
1. Entity Name BRILLIANT LIGHTING & DESIGN, INC.						s 10+ 18	
					07 DEC 17 P	115. 10	
Original Plans of Durings			-	9.15	TELAFASSEE	ESTATE.	
Principal Place of Business Mailing Address 3410 GALT OCEAN DRIVE 705N 3410 GALT OCEAN DRIVE 70			IC JOEN		TATASEE	FLORIDA	
3410 GALT OCEAN DRIVE 705N 3410 GALT OCEAN DRIVE 709   FT. Lauderdale, Fl. 33308 FT. Lauderdale, Fl. 33308				ĺ	, LLG. MO		
		·			. COM OMI COM COM STA	MARKA PINSK I TENK BISPA BIBLORE SE SANDI	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address C/O	There Mark				
		The Lipson GROUP		Tresilent II	Same eint gem seur seur sem	Auth tibrt (stat itaba hitset) ii 160)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		K 1282001	ISTATE	Match I O'	
City & Stat	te .	City & State		4. FEI Numb		Applied For	
,		Cleveland	OH 441		0133099	Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	H4115	<del></del>			Fee Required	
-	O. Name and Address of Carlett	Vedizielen väetit	7. (Value and	7. Name and Address of New Registered Agent			
	PLE, ROBERT J		ddress (P.O. Box Numb	dress (P.O. Box Number is Not Acceptable)			
3410 GALT OCEAN DRIVE 705N FT, LAUDERDALE, FL 33308				Silver Address (F.O. Box Northber 15 Not Acceptable)			
	_: :=: :== <b>,</b> : = <b></b>						
			City			FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its p	egistered office o	r registered agent, or bo	th, in the State of Florida.		
the obligat	tions of registered agent.			-g	1	_	
SIGNATURE KNOW (Mahan) Sec 7, 2007							
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent sign	ature required when reinstating		DATE	
FIL	LE NOW!!! FEE IS \$150.00				In accordance with s	s. 607.193(2)(b), F.S., the	
	nuary 1, 2008, Fee will be \$300.0	00				eceive the prior notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICERS	S AND DIRECTORS IN 11	
TITLE		☐ Delete	TIFLE	PRESIDENT		☐ Change 🔀 Addition	
NAME expect apposes			NAME	Dalaymple, Rob 3410 Gast Ocea	ert T-		
STREET ADDRESS CITY-SY-ZIP			STREET ADDRESS CITY-ST-ZIP	Ft. LANderdale			
TITLE		Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME	- <b>4</b> i	0011315 7/07010030	ignes	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	12/1	7/0701003	107 **150 on	
TITLE		Delete	TITLE				
NAME			NAME			☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP	<u> </u>		CITY-ST-ZIP		<del></del> ,-	<del></del>	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CJTY - ST - ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE NAME			Change Addition	
NAME STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			namé Street address		()	2 12/18	
CITY-ST-ZIP			CITY-ST-ZIP		0	<i>/</i> C 1-110	
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions o	ontained in Chapter 1,19	, Florida Statutes, I furthe	r certify that the information	
of the cor	on this report or supplemental report is poration or the receiver or trustee emporation or trustee emporation or trustee emporation or the receiver or trustee emporation or	strue and accurate and that my owered to execute this report a	y signature shall h s regoired by Cha	ave the same legal effec lipter 607, Florida Statute	it as it made under oath; t is; and that my name app	nat I am an officer or director ears in Block 11 if	
cnanged,	or on an attachment with an address,	mul all puller rike empowered.			1		
SIGNAT		y wany s	a Birea		c/,2007	216-905-1409 Daytime Phone #	
	SIGNATURE AND TYPED OR	RINTED NAME OF SIDE ON OFFICER OF	H DIRECTOR ·		Date	Daytime Phone #	