

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 11 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P06000015369</b> 1. Entity Name <b>FLORIDA ILLUMETEK CORP.</b>					
Principal Place of Business <b>97501 OVERSEAS HWY #804 KEY LARGO, FL 33037</b>			Mailing Address <b>97501 OVERSEAS HWY #804 KEY LARGO, FL 33037</b>		
2. Principal Place of Business - No P.O. Box # <b>401 E. LAS OLAS BLVD.</b>		3. Mailing Address <b>401 E. LAS OLAS BLVD.</b>			
Suite, Apt. #, etc. <b>#130-119</b>		Suite, Apt. #, etc. <b>#130-119</b>			
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>		4. FEI Number <b>20-4220732</b>	
Zip <b>33301</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEFKOVITZ, STEPHEN 24430 PENNYROYAL DR. BONITA SPRINGS, FL 34134</b>			7. Name and Address of New Registered Agent Name <b>JAMES PULK</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 E. LAS OLAS BLVD.</b> #130-119 City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33301</b>		
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 <b>JAMES PULK, PRESIDENT</b> <b>03/06/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PULK, JAMES</b> <input type="checkbox"/> Delete <b>97501 OVERSEAS HWY #804</b> <b>KEY LARGO, FL 33037</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PULK, JAMES</b> <b>97501 OVERSEAS HWY. #804</b> <b>KEY LARGO, FL 33037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>GRIFFIN, ROGER</b> <b>1261 HUDSON GATE DR.</b> <b>HUDSON, OH 44236</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GRIFFIN, ROGER</b> <b>1261 HUDSON GATE DR.</b> <b>HUDSON, OH 44236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
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 like empowered.					
<b>SIGNATURE:</b>			<b>JAMES PULK</b> <b>03/06/2008</b> <b>(330) 342-7582</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

3/13/08