

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 27 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202009 REIN-P CR2E098 (1/07)

DOCUMENT # P06000113171 1. Entity Name MISHKI LIGHTING CORPORATION					
Principal Place of Business 5201 NW 77TH AVENUE SUITE 200 MIAMI, FL 33166 US			Mailing Address 5201 NW 77TH AVENUE SUITE 200 MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DECANIO, WILLIAM L 5201 NW 77TH AVENUE SUITE 200 MIAMI, FL 33166			7. Name and Address of New Registered Agent 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 registered agent.					
SIGNATURE X <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		DATE 1-20-09 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$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	PVST DECANIO, WILLIAM L 5201 NW 77TH AVENUE SUITE 200 MIAMI, FL 33166 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> REINSTATEMENT RH </div> <div style="width: 50%; text-align: right;"> 08-19-08 9003 017 1500 200141880622 01/23/09--01005--009 **150.00 </div> </div>					
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.					
SIGNATURE X William L Decanio <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-20-09 DAYTIME PHONE 305-718-4114		