

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 SEP 13 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015788

1. Corporation Name

WILA LIGHTING, INC.

2. Principal Office Address

P.O. Box 544

Suite, Apt. #, etc.

City & State

Seekonk, MA

Zip
02771

Country
USA

3. Mailing Office Address

P.O. Box 544

Suite, Apt. #, etc.

City & State

Seekonk, MA

Zip
02771

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb. 23, 1993

5. FEI Number

650390775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vivian Volker, Esq., Baur Woodbridge & Klein, P.A.

Street Address (P.O. Box Number is Not Acceptable)

100 North Biscayne Boulevard

Suite, Apt. #, Etc.

21st Floor, New World Tower

City

Miami,

State

FL

Zip Code

33132

800003406458-6

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1058.75 *908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Vivian Volker

Date *August 17, 2000*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/C	Helmuth K. Unger	Vodeweg 9-11	D-58638 Iserlohn, Germany
D/P	Thomas Heelan	P.O. Box 544	Seekonk, MA 02771
D/S/T	Michael Collett	P.O. Box 544	Seekonk, MA 02771

REINSTATEMENT 9800

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas Heelan THOMAS HEELAN

Date

8/17/2000 508-789-7819

Daytime Phone #

CR2E081 (9/99)