

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025450

1. Corporation Name
SPOTLITE COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
444 BRICKELL AVE, SUITE 51-411 MIAMI FLORIDA 33131 SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip Country

FILED

99 APR 13 PM 12:52

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-990
7/27/99
4/13/99

4. Date Incorporated or Qualified To Do Business in Florida 3/94
5. FEI Number 65-0506054
6. CERTIFICATE OF STATUS DESIRED
\$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City/State/Zip. Rows include Bryan Schaffner, Christopher Nelson, Christopher Ortwein, Thompson Lykes, Marshall Phillips.

8. Name and Address of Current Registered Agent

CHRISTOPHER NELSON
444 BRICKELL AVE, SUITE 51-411
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
State, Apt #, Etc
City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 1/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(b), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/D 4/12/99 (305) 579-0722