

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -3 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025450**

1. Corporation Name

**SPOTLITE COMMUNICATIONS, INC.**

Principal Place of Business

444 BRICKELL AVE., STE 51-411  
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE., STE 51-411  
MIAMI FL 33131

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

03/30/1994

5. FEI Number

65-0506054

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SCHAFFNER, BRYAN	444 BRICKELL AVE., STE 51-411	MIAMI FL 33131
VD	NELSON, CHRISTOPHER	444 BRICKELL AVE., STE 51-411	MIAMI FL 33131
D	ORTHWEIN, CHRISTOPHER	444 BRICKELL AVE., STE 51-411	MIAMI FL 33131
<del>D</del>	<del>LYKES, THOMPSON</del>	<del>444 BRICKELL AVE., STE 51-411</del>	<del>MIAMI FL 33131</del>
D	PHILLIPS, MARSHALL	444 BRICKELL AVE., STE 51-411	MIAMI FL 33131

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

800003481898--1

Suite, Apt. #, Etc.

-11/30/00-01095-025

\*\*\*\*750.00 \*\*\*\*750.00

City

State

FL

Zip Code

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/31/00

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER M. NELSON VP/D

Date

10/31/00

Daytime Phone #

305/439-5559