

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -9 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000025450

1. Corporation Name

Spotlite Communications, Inc.

2. Principal Office Address

444 Brickell Ave.

Suite, Apt. #, etc.

Ste. 51-411

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

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

03/30/1994

5. FEI Number

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

Christopher Nelson

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

2705 SW 22 Ave.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33133

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**

Date

11/7/01

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
P/d	Bryan Schaffner	444 Brickell, #51411	Miami, FL 33131
V/D	Christopher Nelson	444 Brickell, #51411	Miami, FL 33131
D	Marshall Phillips	444 Brickell, #51411	Miami, FL 33131
D	Christopher Orthwein	444 Brickell, # 51411	Miami, FL 33131

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:

CHRISTOPHER NELSON

Date

11/7/01

Daytime Phone #

305-439-5559

CR2081 (8/00)