

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 APR 18 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000032998

**1. Corporation Name**

Municipal Lighting Systems, Inc.

**2. Principal Office Address**

1300 Coral Way

Suite, Apt. #, etc.

Suite 300

City & State

Miami, Florida

Zip

33145

Country

USA

**3. Mailing Office Address**

1300 Coral Way

Suite, Apt. #, etc.

Suite 300

City & State

Miami, Florida

Zip

33145

Country

USA

**REINSTATEMENT** 310-01

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

04/24/95

**5. FEI Number**

65-0582368

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

Roy Bustillo

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

1300 Coral Way

Suite, Apt. #, Etc.

Suite 300

City

Miami

State  
FL

Zip Code  
33145

**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

REGISTERED AGENT MUST SIGN

Date

4/17/01

**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	William E. Pino	102 North Prospect Drive	Coral Gables, FL 33133
VP	Scott Stefan	4301 Wokker Drive	Lake Worth, FL 33467
S	Roy Bustillo	14237 SW 45th Street	Miami, FL 33175
T	Solange Boiangin	10080 NW 4th Lane	Miami, FL 33172

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

William E. Pino

Date

04-17-01

305-858-3434

Daytime Phone #

CR2E081 (9/00)