

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -3 AM 11:14

DOCUMENT # P96000024683

1. Corporation Name

LYTE FUNKIE ONES, INC.

2. Principal Office Address

7380 Sand Lake Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32819

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/1996

5. FEI Number

593404725

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

William B. Pringle, III

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

7380 Sand Lake Road, Suite 350

Suite, Apt. #, Etc.

350

City

Orlando

State

FL

Zip Code

32819

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

5/22/03

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	Louis J. Pearlman	7380 Sand Lake Road Suite 350	Orlando, FL 32819

600020420386
06/03/03--01051--018 **1350.00

REINSTATEMENT

99-03

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)(f), 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:

Louis J. Pearlman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-345-0904