

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 13 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DONALD LIGHT, INC

2. Principal Office Address

100 WALLACE AVE.

Suite, Apt. #, etc.

SUITE 260

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

100 WALLACE AVE

Suite, Apt. #, etc.

SUITE 260

City & State

SARASOTA, FL

Zip

34237

Country

USA

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

06/07/1996

5. FEI Number

65-0672546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SEE ADDITIONAL FEE SCHEDULE
IN A CERTIFICATE OF STATUS

7. Name and Address of Current Registered Agent

Name

DONALD F. LIGHT

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

100 WALLACE AVE, SUITE 260

Suite, Apt. #, Etc.

SUITE 260

City

SARASOTA

State

FL

Zip Code

34237

700006053067-5

06/26/02 01004 007

****300.00 ****300.00

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 6/11/2002

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/S/T	DONALD F. LIGHT	405 112TH ST E 405 112TH ST E	BRADENTON, FL 34202
			201.25-AR
			10.00-ARARTS
			88.75-ARsupp

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

6/11/2002

Date

(941) 366-4444

Daytime Phone #

DONALD LIGHT, INC
100 WALLACE AVENUE, SUITE 260
SARASOTA, FLORIDA 34237

June 11, 2002

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Donald Light Inc Reinstatement
Document #P96000049424

Dear Sir:

I has recently come to my attention that my corporation, Donald Light Inc, was no longer active with the State of Florida. I did not receive the annual Corporate Report to file for either 2001 or 2002. I also did not receive any notice of dissolution for my corporation.

Due to these circumstances, I am sending a check for \$300.00 along with the completed Corporation Reinstatement form as required per a telephone conversation with your office this morning.

Thank you for your prompt assistance this matter.

Best regards,
DONALD LIGHT INC



Donald F. Light
President