

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 31 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96 000086246*

1. Corporation Name

Haricon Light Building System, Inc.

2. Principal Office Address

427-10th Avenue W.

Suite, Apt. #, etc.

Ste 3

3. Mailing Office Address

P.O. Box 570

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Palmetto FL

Zip

34221

Country

USA

Zip

34220

Country

USA

REINSTATEMENT 02-04

900040648399

08/30/04--01095--006 **2100.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/96

5. FEI Number

59-3453642

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

McKinney, S. Keith Jr. Esq.

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

605 75th Avenue

Suite, Apt. #, Etc.

City

St. Petersburg Beach

State

FL

Zip Code

33706

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

SEE ATTACHED FOR RA SIGNATURE

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
<i>D, P</i>	<i>Rosvall, Olle L.</i>	<i>427-10th Ave. W. #3</i>	<i>Palmetto FL 34221</i>
<i>AT</i>	<i>Limberg, Stacey H.</i>	<i>4403-7th St E #8</i>	<i>Ellenton FL 34222</i>
<i>D</i>	<i>Strahle, Christer</i>	<i>Skaddaregatan 10</i>	<i>Malmö, SWEDEN</i>
<i>D</i>	<i>Svensson, Torbjorn</i>	<i>Ystadvagen 3</i>	<i>Hörby, SWEDEN</i>

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:

Stacey H Limberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


8/26/04

Date

941 7763300

Daytime Phone #

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000086246</u>			
1. Corporation Name <u>Haricon Light Building System, Inc.</u>			
2. Principal Office Address <u>427-10th Avenue W.</u> Suite, Apt. #, etc. <u>Ste 3</u>		3. Mailing Office Address <u>P.O. Box 570</u> Suite, Apt. #, etc. ---	
City & State <u>Palmetto FL</u>		City & State <u>Palmetto FL</u>	
Zip <u>34221</u>	Country <u>USA</u>	Zip <u>34220</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>10/18/96</u>		5. FEI Number <u>59-3453642</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>McKinney, S. Keith Jr. Esq.</u>			
Street Address (P.O. Box Number is not Acceptable) <u>605 75th Avenue</u>			
Suite, Apt. #, Etc. ---			
City <u>St. Petersburg Beach</u>		State <u>FL</u>	Zip Code <u>33706</u>
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 <u>S. Keith McKinney Jr.</u>		Date <u>8-27-04</u>	
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, P	Rosvall, Olle L.	427-10th Ave. W. #3	Palmetto FL 34221
AT	Limberg, Stacey H.	4403-7th St E #8	Ellenton FL 34222
D	Strahle, Christer	Skaddaregatan 10	Malmö, SWEDEN
D	Svensson, Torbjorn	Ystad vagan 3	Hörby, SWEDEN
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SIGNATURE: <u>Stacey H Limberg</u>		Date <u>8/26/04</u> Daytime Phone # <u>941 7763300</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			