

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

NPZ

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

99 JAN -6 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097495

1. Corporation Name

LIMELIGHT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1717B NTH WICKHAM RD
MELBOURNE, FL 32935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/96

754 HUNAN ST NE
PALM BAY, FL 32907

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3412772

Not Applicable

City & State
PALM BAY, FL 32907

City & State
PALM BAY, FL 32907

Zip
32907

Country
BREVARD

Zip
32907

Country
BREVARD

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	PRES ANTHONY DIANA	754 HUNAN ST NE PALM BAY, FL 32907	PALM BAY, FL 32907

000002738330--6
-01/12/99-01069-011
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RONALD GALLAGHER
390 NARRAGANSETT ST NE
PALM BAY, FL 32907

Name
ANTHONY DIANA

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

754 HUNAN ST NE

Suite, Apt. #, Etc.

City
PALM BAY, FL

State
FL

Zip Code
32907

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-31-99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

12-31-99 407-953-8001

Date

Daytime Phone #

CR2E040 (12/96)

2012

LIMELIGHT ENTERPRISES, INC.

"Niteclub and Restaurant Consulting"

Design/Training/Trouble Shooting

To whom it may concern,

Per my conversation with your
office is a check for \$300.00 & the
Reinstatement Form.

We've moved OCT 97 from
1717 N. Woodham to 812 E. New Haven.
Notifications to an Dept. of Gov. was
sent. We never received the Gov.
papers.

Thank-you for your help &
speedy correction of this problem.

Tony