

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 25 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 991000108487

1. Corporation Name

LIGHTERS, ILP, INC

500058961595

08/25/05--01022--002 **1050.00

2. Principal Office Address

5944 Coral Ridge Dr.

Suite, Apt. #, etc.

233

City & State

Coral Springs FL

Zip

33076

Country

USA

3. Mailing Office Address

5944 Coral Ridge Dr.

Suite, Apt. #, etc.

233

City & State

Coral Springs FL

Zip

33076

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1997

5. FEI Number

65-0811539

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

Sandra Vargas

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

5204 NW 114 Ave

Suite, Apt. #, Etc.

Apt. 303

City

Doral

State

FL

Zip Code

33178

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

08/22/05

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.	Sandra Vargas	5204 NW 114 Ave Apt 303	Doral FL 33178
VP	Leopoldo Rios	1800 W 49 Street St 207	Hialeah FL 33102

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

[Signature]

Date

Daytime Phone #

08/22/05 305 526102

CR2E081 (01/05)