

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 19 AM 9:51

DOCUMENT # P99000022215

1. Corporation Name

Outdoor Lighting Perspectives
of West Central Florida, Inc.

2. Principal Office Address

1614 King James Court

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33813

Country

U.S.A.

3. Mailing Office Address

1614 King James Court

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33813

Country

U.S.A.

REINSTATEMENT 02-04

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

March 4, 1999

5. FEI Number

59-3563002

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

Randall H. Maden

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

1614 King James Court

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Randall H. Maden

Date June 30, 2004

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	Randall H. Maden	1614 King James Court	Lakeland, Florida 33813

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:

Randall H. Maden

June 30, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)