


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

01 NOV -2 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000037114**

1. Corporation Name

**COMMERCIAL LIGHTING CENTRAL FLORIDA, INC.**

Principal Place of Business

989 W KENTUCKY BLVD 204  
ORLANDO FL 32810

Mailing Address

923 LEXINGTON PARKWAY  
#25  
APOPKA FL 32712



REINSTATEMENT

2001

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

2. New Principal Office Address, If Applicable

989 W. Kennedy Blvd

Suite, Apt. #, etc.

204

City & State

Orlando FL

Zip

32810

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1999

5. FEI Number

59-3577834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CHRISTINO, GEORGE L	923 LEXINGTON PARKWAY, #25	APOPKA FL 32712
VD	CHRISTINO, GAIL E	923 LEXINGTON PARKWAY, #25	APOPKA FL 32712
SD	CHRISTINO, GEORGE L	923 LEXINGTON PARKWAY, #25	APOPKA FL 32712
TD	CHRISTINO, GEORGE L	923 LEXINGTON PARKWAY, #25	APOPKA FL 32712

LS  
900004704609--0  
-12/04/01--01067--023  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CHRISTINO, GEORGE L  
923 LEXINGTON PARKWAY  
#25  
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*George L. Christino*

REGISTERED AGENT MUST SIGN

Date 10-30-01

11. 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:

*George L. Christino* George L Christino 10-30-01 407  
Date Daytime Phone #  
667-0900

CR20040 (8/01)