PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000 UBP

FILED
00 NOV 22 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057140

1. Corporation Name

NATURAL LIGHT COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2150 CORAL WAY. SUITE 5C MIAMI FL 33145	2150 CORAL WAY. SUITE 5C MIAMI FL 33145

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1999

5. FEI Number: 65-0986757 ☐ 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	DOMINICIS, CHAD	2150 CORAL WAY, SUITE 5C	MIAMI FL 33145
VPSTD	DOMINICIS, BEATRIZ	9893 SW 115th Terr.	Miami, FL 33176
			300003491373--8 -12/08/00--01022-010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DOMINICIS, CHAD
2150 CORAL WAY, SUITE 5C
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name: Beatriz Dominicis
Street Address (P.O. Box Number is Not Acceptable): 9893 SW 115th Terr.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33176

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: SIGNATURE REQUIRED Date: 11/01/00 LS
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Chad Dominicis 11/01/00 305-858-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/00)

0040219 AF

2000 UNIFORM BUSINESS REPORT (UBR)

2013

DOCUMENT # P99000057140

1. Entity Name

NATURAL LIGHT COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2150 CORAL WAY, SUITE 5C MIAMI FL 33145	2150 CORAL WAY, SUITE 5C MIAMI FL 33145-2629

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0986751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINICIS, CHAD
2150 CORAL WAY, SUITE 5C
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See criteria on back)

FILE NOW!!! FEE IS $[illegible] After MAY 1, [illegible] Make Checks Payable to [illegible]

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOMINICIS, CHAD 2150 CORAL WAY, SUITE 5C MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP DOMINICIS, BEATRIZ 9893 SW 115th Terr. Miami, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chad Dominicis - Chad Dominicis 4/26/00 305-858-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3 of 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

UNIFORM BUS. RPT
DIV. OF CORP.
P.O. BOX 1500
Tallahassee, FL 32302-1500

COMPLETE THIS SECTION

A. Received by (Please Print)

Carl Crawford

B. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

TALLAHASSEE FL PARK AVE STA
MAY - 1 2000
USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Victoria's Secret Direct, Inc.
3152 Coral Way Suite 5-C
Miami, FL 33145

Return Service Requested: Please print your name, address, and ZIP+4 in this box

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

TALLAHASSEE, FL 323
30 MAY
PM