

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 JAN 23 AM 11:38

DOCUMENT # **P99000078522**

1. Corporation Name

**60 WATT, INC.**

Principal Place of Business

Mailing Address

1602 EAST BRANDON BLVD.  
 BRANDON FL 33510

1602 EAST BRANDON BLVD.  
 BRANDON FL 33510

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

09/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3596886

Applied For  
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	CIFELLI, DARREN WILLIAM	201 CLEMONS ROAD	BRANDON FL 33511
D	WEAVER, DONALD W	1801 TARAH TRACE	BRANDON FL 33510
			0229-00 90137 024 \$150-00
			400003576714--0 -01/26/01--01060--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CIFELLI, DARREN WILLIAM  
 1602 EAST BRANDON BLVD.  
 BRANDON FL 33510

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

1/6/00

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00

Daytime Phone #

CR2E040 (8/00)