PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
, FOR
REÍNSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

FLORIDA ARCHITECTURAL LIGHTING, INC.

Principal Place of Business	Mailing Address							
1915 NE 45TH STREET	101 NE 45TH	1915 NE 45TH STREET						
SHILE SIA THE SHEET	SUITE 214 20 %							
FT LAUDERDALE FL 33308	FT LAUDERDAL	CT LAUDEDDÁLC DÍ 99900			DEMOTES THE DELLE			
US	US			REINSTATEMENT OO_				
If above addresses are incorrect in any way, line thr								
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     06/14/1991				
Suite, Apt. #, etc.	Suite, Apt. #, etc.  SuiTE 208  - Gity & State							
SUITE 208				5. FEI Number Applied For Not Applied Por				
-City & State	Gity & State	==		6.	05 0200003	Not Applicable		
Zip Country	Zip	Country			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	a nonprofit corporat	ions must list at lea	st 3 directors)				
Title(s) Name of Officers and/or Directors			et Address of Each cer and/or Director		City	/ State / Zip		
DPS COHEN, JANE		3325 NE 42ND CT			FT LAUDERDALE FL			
			, , , , , ,	10	3000347 -11/21/00	<b>19319</b> 01027013		
					****75U.			
				K	11/16	-4844444		
8. Name and Address of Current	Registered Agent		Name and Address of New Registered Agent					
· · · · · · · · · · · · · · · · · · ·	<u> </u>		Name		•			
CAPP, ALVIN			Street Address (P.O. Box Number is Not Acceptable)					
800 E. BROWARD BLVD.			ONE FINANCIAL Plana, Sta 1610			10		
SUITE 608			Suite, Apt. #, Etc.					
FORT LAUDERDALE FL 33301			City FT. Laudenbale State Zip Code FL 33394					

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 filling 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.

red agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

MT. Laudenbale

SIGNATURE:

10. I, being appointed the reg

Signature of Registered Agent

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGIS ERED AGENT MUST SIGN

Date 10-31-2000