

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2011-2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S83772

1. Corporation Name

LIGHTING ELECTRIC OF MIAMI, INC.

2. Principal Office Address - No P.O. Box #
20091 OLD CUTLER ROAD

3. Mailing Office Address
20091 OLD CUTLER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33189 MIAMI-DADE

Zip Country
33189 MIAMI-DADE

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
09/30/1991

5. FEI Number
65-0287134

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
Thomas E. Mentelos

Street Address (P.O. Box Number is Not Acceptable)
20091 Old Cutler Rd.

Suite, Apt. #, Etc.

City State Zip Code
Cutler Bay FL 33189

000278673650
12/02/15--01008--020 **600.00

000278673650
10/30/15--01013--024 **750.00

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

Date 11/13/15

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
P	MENTELOS, THOMAS	20091 OLD CUTLER ROAD	MIAMI, FL 33189

000278673650
12/02/15--01008--021 **8.75

10. E-mail Address: INFO@DELGAOOFAMILYTAX.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

10/23/2015 305-252-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #