PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 16 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730683

1. Corporation Name

Lighthouse Bonsai Society

500009167135
11/22/02--01037--009 **236.25

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
9085 Green Meadows Way	9085 Green Meadows Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Palm Beach Gardens, FL	Palm Beach Gardens, FL
Zip: 33418 Country: U.S.A.	Zip: 33418 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9-16-1974

5. FEI Number: 65-0092087 ☐ 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: VLADIMIR FOURSA

Street Address (P.O. Box Number is Not Acceptable): 9085 Green Meadows Way

Suite, Apt. #, Etc.:

City: Palm Beach Gardens | State: FL | Zip Code: 33418

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 11/19/2002

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
D	VLADIMIR FOURSA	9085 Green Meadows Way	Palm Beach Gardens, FL 33418
D	LARRY DUKE	10045 W. Belvedere RD	Royal Palm Beach, FL 33411
D	JOAN ORSOLEK	7834 N.W. 78th AVE	TAMARAC, FL 33321
D	STANLEY ORSOLEK	7834 N.W. 78th AVE	TAMARAC, FL 33321
D	WILLIAM STORKE	800 S.W. 21st Street	BOCA RATON, FL 33486
D	GEORGE HENDERSON	2308 NE 20th STREET	FT. LAUDERDALE, FL. 33305

10. 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: _____ WILLIAM R. STORKE 11-19-02 561-395-7389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #