

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 10 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082008 REIN-P CR2E098 (1/07)

DOCUMENT # F07000001629					
1. Entity Name LIGHTHOUSE INDUSTRIES, INC.					
Principal Place of Business 6600 S.W. 15TH AVENUE FORT LAUDERDALE, FL 33309			Mailing Address 6600 S.W. 15TH AVENUE FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 8620 NW L.T.C. Parkway <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8620 NW L.T.C. Parkway <small>Suite, Apt. #, etc.</small>			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 35-2108149	
Zip 34986		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLOWAY, TODD 6600 S.W. 15TH AVENUE FORT LAUDERDALE, FL 33309 △ Address			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HOLLOWAY, TODD 6600 S.W. 15TH AVENUE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HOLLOWAY, TODD 8620 NW L.T.C. Parkway Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FITHIAN, PAUL 3013 LOMA PORTAL WAY MICHIGAN CITY, IN 46360	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200136820992 10/10/08--01042--005 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tom C. ...</u> Date _____ Daytime Phone # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

REINSTATEMENT

2008

[Signature]