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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|---------------------------------|---|---------------------------|--|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # M07000000 P24 | | | | | |
| 1. Limited Liability Company's Name Lighthouse Financial Group, LLC | | | | | |
| 2. Principal Office Address - No P.O. Box # 420 Lexington Avenue | | | 3. Mailing Office Address | | |
| State, Apt. #, etc. 1430 | | | Suite, Apt. #, etc. | | |
| City & State New York, NY | | | City & State | | |
| Zip 10170 | Country USA | Zip | Country | 4. State/Country of Formation Delaware | |
| 5. Date Organized or Qualified To Do Business in Florida February 12, 2007 | | | | 6. FEI Number 134094827 | |
| | | | | Applied For Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | | | | | |
| <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | |
| Name CT Corporation System | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City Plantation, FL | | | State FL | Zip Code 33324 | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | | | |
| Signature of Registered Agent <i>[Signature]</i> | | | | Date 10/14/09 | |
| REGISTERED AGENT MUST SIGN | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | |
| Title | Name of Managing Member/Manager | Street Address of Each Managing Member/Manager | | City / State / Zip | |
| Mr. | Robert J. Bradley | 420 Lexington Ave 1430 | | New York, NY 10170 | |
| Mr. | Jeffrey J. Morfit | 420 Lexington Ave 1430 | | New York, NY 10170 | |
| | | | | | |
| | | | | | |
| | | | | | |
| REINSTATEMENT 08-09 HL | | | | | |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 600.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>[Signature]</i> | | | | Date 10/13/09 | |
| Typed or printed name of signing Managing Member/Manager Robert J. Bradley | | | | Daytime Phone # 212-277-8130 | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

LIGHTHOUSE FINANCIAL GROUP, LLC

| | |
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