


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 21 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31809

1. Corporation Name  
Lighthouse Cove Condominium Inc.

2. Principal Office Address 1617 Cooling Ave Suite, Apt. #, etc.		3. Mailing Office Address 1617 Cooling Ave Suite, Apt. #, etc.	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32935	Country	Zip 32935	Country

500037432055  
05/28/04--01049--003 \*\*236.25  
REINSTATEMENT 03-09

4. Date Incorporated or Qualified To Do Business in Florida 4-19-89	Applied For Not Applicable
5. FEI Number 59-2986759	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Space Coast Prop. Mgmt of Brevard Inc.

Street Address (P.O. Box Number is Not Acceptable)  
1617 Cooling Ave.

Suite, Apt. #, Etc.

City  
Melbourne

State  
FL

Zip Code  
32935

500037432055  
05/28/04--01049--004 \*\*61.25

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 Walt P. Lynt Date 4-1-04

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
DP	<del>Theresa</del> Theresa Gibson	155 Casseekee TR	Melbourne Beach FL
DVP	Dick De Scio	154 Casseekee Tr.	Melbourne Beach, FL, 32951
DT	George Farina	112 Casseekee Tr.	Melbourne Beach, FL, 32951
DS	Fran Turner	107 Casseekee TR	" " " "
D	Marie MacLaughlan	139 Casseekee TR	" " " "

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: Teressa H. Gibson #/9/04 321/676-4245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)