PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN -9 PM 12:30
SEC. OF STATE
TALLAHASSEE, FLORIDA

900065365484
01/11/06--01003--005 **927.50

~~01/11/06--01003--005 **327.50~~

B 1/10/06
REINSTATEMENT 9-05

DOCUMENT # N43687

1. Corporation Name

Jupiter Lighthouse Aerie # 4267, Inc

2. Principal Office Address	3. Mailing Office Address
340 Hibiscus Street	340 Hibiscus Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06-03-1991

5. FEI Number: 650243310 ☐ 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: ~~Johnny D. Calhoun~~ Carl D. Roadarmel

Street Address (P.O. Box Number is Not Acceptable): ~~208 3rd Street~~ 16697 127th Dr N.

Suite, Apt. #, Etc.:

City: ~~Jupiter~~ Jupiter State: FL Zip Code: 33478

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: Carl D. Roadarmel Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Chris Oberg	6380 D Chasewood Dr	Jupiter, FL 33458
T	Norman Anderson	16143 123rd	Jupiter, FL 33478
T	Albert Whitaker	1096 Choctaw St.	Jupiter, FL 33458
VP	Steve De Coursey	503 Delaware Blvd.	Jupiter, FL 33458
S	Johnny D. Calhoun	208 3rd Street	Jupiter, FL 33458

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: Johnny Calhoun 5/27/05 561-329-4975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #