

1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 SEP 12 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000087915**

1. Corporation Name

**LIGHTHOUSE INTERIORS, INC.**

2. Principal Office Address

**2648 N.E. 26TH AVE.**

Suite, Apt. #, etc.

3. Mailing Office Address

**2648 N.E. 26TH AVE.**

Suite, Apt. #, etc.

City & State

**LIGHTHOUSE POINT, FL**

City & State

**LIGHTHOUSE POINT, FL**

Zip

**33064**

Country

**USA**

Zip

**33064**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/15/2000**

5. FEI Number

**65-1044479**

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

**BRIDGET D. CONWAY**

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

**2648 N.E. 26TH AVE.**

Suite, Apt. #, Etc.

City

**LIGHTHOUSE POINT**

State  
**FL**

Zip Code

**33064**

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

*Bridget D. Conway*

REGISTERED AGENT MUST SIGN

Date

**100023017021**  
**09/12/03--01035--004 \*\*450.00**

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
<del>PSTD</del>	<del>BRIDGET D. CONWAY</del>	<del>2648 N.E. 26TH AVE.</del>	<del>LIGHTHOUSE POINT, FL 33064</del>

**REINSTATEMENT 0-03 TS**

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:

*Bridget D. Conway* **BRIDGET D. CONWAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**954-785-8072**  
Daytime Phone #

CR2E081 (10/02)

257

June 25, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Lighthouse Interiors, Inc.  
Document #: P00000087915  
Reinstatement

Dear Sir or Madam,

I am writing this letter to formally request relief from the \$600.00 reinstatement fee for my corporation referenced above. I never received my initial Corporate Annual Report and was unaware of my filing responsibility since this was the first year I was doing business as a corporation. My accountant informed me that my corporation was administratively dissolved and I needed to reinstate.

I am enclosing a completed Corporate Reinstatement form I downloaded from your website along with my annual filing fees due of \$450.00 (\$150.00 per year for 2001, 2002, and 2003). Please process the form without the \$600.00 reinstatement fee since I never received notification of my original filing and I did not want to have my corporation dissolved due to this oversight.

I appreciate your consideration in allowing this reinstatement.

Sincerely,



Bridget D. Conway  
President