

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2 NOV -4 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000039832**

1. Corporation Name

**LIGHTHOUSE ENTERPRISES OF
LONGBOAT KEY, INC**

2. Principal Office Address

4004 AVENIDA MADERA

Suite, Apt. #, etc.

City & State

BRAERNTON, FL

Zip

34210

Country

US

3. Mailing Office Address

4004 AVENIDA MADERA

Suite, Apt. #, etc.

City & State

BRAERNTON, FL

Zip

34210

Country

US

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

4-18-2001

5. FEI Number

384829067

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

MICHAEL D LONGOBARDI

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

4004 AVENIDA MADERA

Suite, Apt. #, Etc.

800008787468

11/04/02-01079-012 **75.00

City

BRAERNTON

State

FL

Zip Code

34210

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **10-29-02**

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
D	MICHAEL D LONGOBARDI	4004 AVENIDA MADERA	BRAERNTON FL 34210
D	BROOK ELONGOBARDI	4004 AVENIDA MADERA	BRAERNTON FL 34210

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

941-650-0292

Daytime Phone #

CR2E061 (9/01)

[Handwritten initials]