

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000046899**

1. Corporation Name

**LIGHTHOUSE PROTECTION SERVICES, INC.**

Principal Place of Business

Mailing Address

2331 N STATE RD 7 STE 216-B  
LAUDERHILL FL 33313

2331 N STATE RD 7 STE 216-B  
LAUDERHILL FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/2002

5. FEI Number

13-4231160

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	JACKSON, ANTHONY H	5159 NW 87 TERR	LAUDERHILL FL 33351
V	JACKSON, RUTH B	5159 NW 87 TERR	LAUDERHILL FL 33351

300023902443  
10/17/03--01062--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSONVILLE, ANTHONY H  
5159 NW 87 TERR  
LAUDERHILL FL 33351

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/3

11. 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.

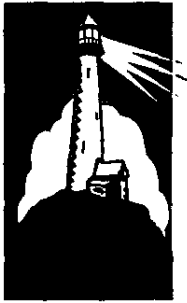
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/3  
Date

(954) 714-9975  
Daytime Phone #

CR2E040 (7/03)



Lighthouse Protection  
Services

Anthony H. Jackson  
President

2331 N. State Road 7  
Suite 216-B  
Lauderhill, FL 33313

Phone: (954)714-9975  
Fax: (954) 714-9953

State Lic #B9900066

**Date: October 15, 2003**

**To: Florida Department of State  
Glenda E. Hood  
Secretary of State**

**This letter is to inform you that we did not receive the two prior uniform business report (UBR) notices. We are a new corporation and as such we share office space with two other suite-mates. Our mail is delivered under a door that is shared by all three parties. We would appreciate if the penalty is waived due to the fact that as previously stated we did not receive the two prior notices. We have taken steps to ensure the safe delivery of all of our mail. We would like to thank you in advance for your understanding in this situation.**

**Sincerely,**

A handwritten signature in black ink that reads "Anthony H. Jackson". The signature is written in a cursive style and is followed by a horizontal line.

**Anthony H. Jackson, Pres.**