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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **542235**

1. Corporation Name  
**LIGHTHOUSE PROPERTIES OF NORTH FLORIDA, INC.**

Principal Place of Business Mailing Address  
**8382 BAYMEADOWS ROAD, SUITE 5  
JACKSONVILLE, FLA 32256  
USA**

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

2. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **04/02/1991**

5. FEI Number **65-0266569**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	SUAZO, JORGE A.	9378 ARLINGTON XPWY # 83	JACKSONVILLE, FL 32225
			800002730128--4 -01/05/99--01036--005 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

**SUAZO, JORGE A.  
9378 ARLINGTON XPWY #83  
JACKSONVILLE, FL 32225**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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.

Signature of Registered Agent \_\_\_\_\_ Date **12-29-98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(b), 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: \_\_\_\_\_ Date **12-29-98** Daytime Phone # **904-448-1141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**20+L**

**LIGHTHOUSE PROPERTIES**

**OF NORTH FLORIDA, INC., REALTOR**

**8382 BAYMEADOWS ROAD, SUITE 5**

**JACKSONVILLE, FL 32256**

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December 29, 1998

Florida Department of State  
Division of Corporations  
Re-instatement Department

Re: Lighthouse Properties of North Florida, Inc.  
8382 Baymeadows Road, Suite 5  
Jacksonville, FL 32256  
Document # S42235

To whom it may concern:

This is to certify that the above referenced corporation did not received the 1998 annual report packet. As a result, the corporation needs to be re-instated immediately. Please waive the late fees for calendar year 1998.

You will find enclosed a check in the amount of \$150.00 for the re-instatement. Please process this request at your earliest convenience.

Have a happy new year's celebration!!

Sincerely Yours,

Jorge A. Szazo  
President

Thanks for all your help!

Jorge

/js

PHONE: 904.448.1141

FAX: 904.448.0165