

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K79622

1. Corporation Name

LIGHTHOUSE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

260 CRANDON BLVD. UNIT 21  
KEY BISCAYNE FL 33149

260 CRANDON BLVD. UNIT 21  
KEY BISCAYNE FL 33149

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

04/12/1989

5. FEI Number

65-0173925

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SURACE, GINO	301 GULF RD	KEY BISCAYNE FL
STD	SURACE, ALESSANDRO	301 GULF ROAD	KEY BISCAYNE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SURACE, ALESSANDRO  
301 GULF ROAD  
KEY BISCAYNE FL 33149

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

ALESSANDRO SURACE

Date

12/27/03

REGISTERED AGENT MUST SIGN

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:

ALESSANDRO SURACE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 225 3050  
305 305 3971

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 27 PM 2:15

REINSTATEMENT 03-04



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01/05/04--01017--022 \*\*800.00

800026113928  
03/09/04--01027--015 \*\*100.75

CR2E046 (7/03)