

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 10 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082008 REIN-P CR2E098 (1/07)

DOCUMENT # F07000001629					
1. Entity Name <b>LIGHTHOUSE INDUSTRIES, INC.</b>					
Principal Place of Business <del>6600 S.W. 15TH AVENUE</del> <del>FORT LAUDERDALE, FL 33309</del>			Mailing Address <del>6600 S.W. 15TH AVENUE</del> <del>FORT LAUDERDALE, FL 33309</del>		
2. Principal Place of Business - No P.O. Box # <b>8620 NW L.T.C. Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>8620 NW L.T.C. Parkway</b> Suite, Apt. #, etc.			
City & State <b>Port St. Lucie, FL</b>		City & State <b>Port St. Lucie, FL</b>		4. FEI Number <b>35-2108149</b>	
Zip <b>34986</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLLOWAY, TODD</b> <b>6600 S.W. 15TH AVENUE</b> <b>FORT LAUDERDALE, FL 33309</b>  <b>△ Address</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HOLLOWAY, TODD <del>6600 S.W. 15TH AVENUE</del> <del>FORT LAUDERDALE, FL 33309</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HOLLOWAY, TODD <b>8620 NW L.T.C. Parkway</b> <b>Port St. Lucie, FL 34986</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FITHIAN, PAUL 3013 LOMA PORTAL WAY MICHIGAN CITY, IN 46360		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200136820992</b> <b>10/10/08--01042--005 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Paul Fithian</i></u> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

REINSTATEMENT

2008

*[Signature]*