

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000007454**

1. Limited Liability Company's Name

Lighthouse Properties, LLC

100372565581
08/30/21-01035-016 516.25

2. Principal Office Address - No P.O. Box #

20191 Wagner Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

16245 Neabsco Road

Suite, Apt. #, etc.

City & State

Alva, FL

Zip

33920

Country

USA

City & State

Woodbridge, VA

Zip

22191

Country

USA

8. Name and Address of Current Registered Agent

Name

Robert B. Hart

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

20191 Wagner Avenue

Apt. #, Etc.

City

Alva

State

FL

Zip Code

33920

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605:

Signature of

Registered Agent

Robert B. Hart
REGISTERED AGENT MUST SIGN

Date

FILED
2021 AUG 30 2:15
CLERK OF STATE
TALLAHASSEE, FL

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
	Robert B. Hart	16245 Neabsco Road	Woodbridge, VA 22191

11. E-mail Address

robert@ezcruz.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Robert B. Hart

Date

8/10/2021

Daytime Phone #

(703) 795-7971

Typed or printed name of signing authorized representative/member

Robert B. Hart

Office # **(703) 670-8111**