

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
2014 JAN 2 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000023631

1. Limited Liability Company's Name

LIGHTHOUSE CAPITAL  
DEVELOPMENT LLC

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

822 A1A N

Suite, Apt. #, etc.

SUITE 310

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

USA

3. Mailing Office Address

PO Box 69

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32004-0069

Country

USA

CR2E041 (12/13)

4. State/Country of Formation

N.A.

5. Date Organized or Qualified  
To Do Business in Florida

FEB 24, 2011

6. FEI Number

27-5160798

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WALTER PARSONS

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

882 A1A N

Suite, Apt. #, Etc.

SUITE 310

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

E-mail Address:

100255166901  
01/02/14--01012--007 \*\*238.75

WALTER@LIGHTHOUSECAPITAL  
DEVELOPMENT.COM  
(To be used for future annual report notices)

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

Signature of  
Registered Agent

Walter Parsons

Date 12-31-13

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Titles<br>AMBRMGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip          |
|-------------------|---------------------------|--|-----------------------------|
| MGRM              | WALTER PARSONS            | 822 A1A N, STE 310                       | PONTE VEDRA BEACH, FL 32082 |
| MGRM              | D. J. SMITH               | 822 A1A N, STE 310                       | PONTE VEDRA BEACH, FL 32082 |

REINSTATEMENT

2013

S. HAWKES

JAN - 3 A.M.

EXAMINED

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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

Walter Parsons

Date 12-31-13

Daytime Phone #

407-319-8880

Typed or printed name of signing Authorized Person

WALTER C PARSONS