

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 14 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1747945**

1. Corporation Name

*Lighthouse Pointe Estates Homeowners
Association, Inc.*

2. Principal Office Address

Timber Island Realty

Suite, Apt. #, etc.

P.O. Box 1059 Hwy 98

City & State

CARRABELLE, FL.

Zip

32322

Country

US

3. Mailing Office Address

90 Timber Island Realty

Suite, Apt. #, etc.

P.O. Box 1059 Hwy 98

City & State

CARRABELLE, FL.

Zip

32322

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-16-1992

5. FEI Number

59-3134678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Audie E. Langston

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

4010 Old Bainbridge Rd

Suite, Apt. #, Etc.

City

Tallahassee

000003758310-1

-02/25/01-01002-009

****297.50 ****297.50

REINSTATEMENT

State

FL

Zip Code

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Audie E. Langston
REGISTERED AGENT MUST SIGN

Date *02-08-01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>DPR</i>	<i>Audie E. Langston</i>	<i>4010 Old Bainbridge Rd</i>	<i>Tallahassee, FL 32303</i>
<i>ST</i>	<i>Audie E. Langston</i>	<i>4010 Old Bainbridge Rd</i>	<i>Tallahassee, FL 32303</i>
<i>D</i>	<i>Majorie Langston</i>	<i>4010 Old Bainbridge Rd</i>	<i>Tallahassee, FL 32303</i>
<i>D</i>	<i>Michael Langston</i>	<i>4010 Old Bainbridge Rd</i>	<i>Tallahassee, FL 32303</i>

10. 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:

Audie E. Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-08-01

Daytime Phone #

850-697-3252

CR2E081 (9/00)