


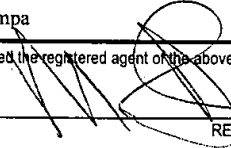
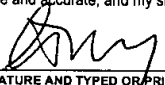
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 DEC 26 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****158.75 ****158.75

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000042866 1. Corporation Name LIGHTHOUSE FINANCIAL GROUP OF TENNESSEE, INC.					
2. Principal Office Address 4245 West Kennedy Boulevard Suite, Apt. #, etc.		3. Mailing Office Address 4245 West Kennedy Boulevard Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/28/2000	
City & State Tampa FL		City & State Tampa FL		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33609	Country USA	Zip 33609	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name F & L Corp. Attn: Curt P. Creely, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street					
Suite, Apt. #, Etc. Suite 2700					
City Tampa				State FL	Zip Code 33602
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  Date December 17, 2001 REGISTERED AGENT MUST SIGN					
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	
D	Andrew J. May	4245 West Kennedy Boulevard		Tampa, FL 33609	
P	Andrew J. May	4245 West Kennedy Boulevard		Tampa, FL 33609	
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: 		December 18, 2001 813 639 0603 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andrew May, Pres. Director Daytime Phone #			

CT CORPORATION SYSTEM

CORPORATION(S) NAME

~~1) Lighthouse Financial Group of New Mexico, Inc.~~

2) Lighthouse Financial Group of Tennessee, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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TALLAHASSEE, FLORIDA

Name	12/20/01	Order#: 5003366
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W.P. Verifier _____		Amount: \$ _____

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