

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV 12 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043237

1. Corporation Name

LIGHTHOUSE ESTRATEGIES, INC.

Principal Place of Business

13013 Founders Square  
73001-FOUNDERS SQUARE  
ORLANDO FL 32828

Mailing Address

3912 BLAZING STAR DRIVE  
ORLANDO FL 32828

13013 Founders Square  
Orlando, FL 32828

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13013 Founders Square

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32828

Country

3. New Mailing Office Address, If Applicable

13013 Founders Square

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32828

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/2000

5. FEI Number

59-3643508

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	OLIVARDIA, CARLOS	3912 BLAZING STAR DR 13013 Founders Square Orlando, FL	ORLANDO FL 32828
STD	OLIVARDIA, DAWN M Delete	3912 BLAZING STAR DRIVE	ORLANDO FL 32828

10/03/03 01080 013 \$150.00

Buck 12

8. Name and Address of Current Registered Agent

OLIVARDIA, DAWN M  
3912 BLAZING STAR DRIVE  
ORLANDO FL 32828

9. Name and Address of New Registered Agent

Name

Carlos Olivardia

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

13013 Founders Square

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/10/2007

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2003

Date

Daytime Phone #

CR2E040 (7/03)

**GET THE PURE CONNECTION THAT YOU HAVE BEEN WAITING FOR!**

To Whom It May Concern:

The check was sent on 4/14/2003 for \$150. Unfortunately the check was not signed. On the form I also requested a change of address for the corporation. The change of address was not noted so the check was sent to a previous address. I did not receive notification of the unsigned check until well after the deadline and was fined for the late fee. I would like the late fee waived since the information was sent to an invalid address.



Carlos Olivardia  
Lighthouse eStrategies dba Pure Connection