

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR -6 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013511

1. Corporation Name

LIGHTHOUSE ADVANCED MATERIAL GROUP, INC.

REINSTATEMENT 06-08

CR2E081 (12/07)

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

9674 KILGORE RD

Suite, Apt. #, etc.

3. Mailing Office Address

360 Patten Rd

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Shelborne MA

Zip

32836

Country

USA

Zip

01370

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1075691

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

MICHAEL RADDICK

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

9674 KILGORE RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael S. Raddick

REGISTERED AGENT MUST SIGN

Date

Feb. 29, 2008

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 |
|--------|--------------------------------------|---|--------------------|
| P | Jaros, ROBERT | 360 PATTEN ROAD | Shelborne MA 01370 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300119367933
03/04/08--01020--014 **450.00

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 contained in Chapter 119, 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:

ROBERT JAROS

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-08

Date

408-620-2400

Daytime Phone #

3600