

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 3:10

DOCUMENT # P01000039832

1. Corporation Name

LIGHTHOUSE ENTERPRISES OF LONGBOAT KEY, INC.

Principal Place of Business

Mailing Address

4004 AVENIDA MADERA
BRADENTON FL 34210

4004 AVENIDA MADERA
BRADENTON FL 34210



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-4829067

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	LONGOBARDI, MICHAEL D	4004 AVENIDA MADERA	BRADENTON FL 34210
D	LONGOBARDI, BROOK E	4004 AVENIDA MADERA	BRADENTON FL 34210

900024764239
11/17/03--01103--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONGOBARDI, MICHAEL D
4004 AVENIDA MADERA
BRADENTON FL 34210

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-15-3

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**Lighthouse Enterprises
Of Longboat Key, Inc.**

\$004 Avenida Madera
Bradenton, Florida 34210

212

October 16, 2003

Florida Department Of State
Divisions Of Corporations

Dear Sir or Madam:

Please consider this a request to waive the \$600 reinstatement fee. We did not receive prior notice.

Sincerely,



Michael Longobardi
Lighthouse Enterprises Of Longboat Key, Inc.