


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |  |  |                                 |
|--|--|--|---------------------------------|
| <div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;"><b>CORPORATION<br/>REINSTATEMENT</b></div><div style="text-align: center;"><div style="margin-top: 10px; font-weight: bold;">0201</div></div><div style="text-align: right;"><b>FLORIDA DEPARTMENT OF STATE</b><br/><b>Jim Smith</b><br/>Secretary of State<br/>DIVISION OF CORPORATIONS</div></div>  |  | <div>FILED</div> <div>03 JAN -3 AM 11:11</div> <div>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div>                                      |                                 |
| <b>DOCUMENT #</b> <u>P01000083634</u>  |  |  |                                 |
| <b>1. Corporation Name</b><br><u>LIGHTHOUSE LENDING SERVICES, INC</u>  |  |  |                                 |
| <b>2. Principal Office Address</b><br><u>19343 S.W. 39<sup>TH</sup> ST.</u><br><small>Suite, Apt. #, etc.</small>  | <b>3. Mailing Office Address</b><br><u>19343 SW 39<sup>TH</sup> ST</u><br><small>Suite, Apt. #, etc.</small> | <b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>8/23/01</u>  |                                 |
| <b>City &amp; State</b><br><u>MIRAMAR, FL</u>  | <b>City &amp; State</b><br><u>MIRAMAR, FL</u>  | <b>5. FEI Number</b><br><u>65-1147973</u>  |                                 |
| <b>Zip</b><br><u>33029</u>   | <b>Country</b><br><u>US</u>  | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>\$5.75 Additional Fee required for a Certificate of Status</small> |                                 |
| <b>7. Name and Address of Current Registered Agent</b>   |  |  |                                 |
| <b>Name</b><br><u>WILLIAM H. BATALLAS</u>  |  |  |                                 |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br><u>3531 GRIFFIN ROAD</u>  |  |  |                                 |
| <b>Suite, Apt. #, Etc.</b><br><u>900009812599</u><br><u>01/03/03--01054--003 **150.00</u>  |  |  |                                 |
| <b>City</b><br><u>FT LAUDERDALE</u>  |  | <b>State</b><br><u>FL</u>  |                                 |
|  |  | <b>Zip Code</b><br><u>33312</u>  |                                 |
| <b>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.</b>  |  |  |                                 |
| <b>Signature of Registered Agent</b><br><u>[Signature]</u>   |  | <b>Date</b> <u>12/18/02</u>  |                                 |
| <b>REGISTERED AGENT MUST SIGN</b>  |  |  |                                 |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>   |  |  |                                 |
| <b>Titles</b>  | <b>Name of Officers and/or Directors</b>   | <b>Street Address of Each Officer and/or Director</b>  | <b>City / State / Zip</b>       |
| <u>PSD</u>   | <u>ROSE MARR</u>   | <u>19343 SW 39<sup>TH</sup> ST</u>   | <u>MIRAMAR, FL 33029</u>        |
| <u>UTD</u>   | <u>CARLOS ARIAS</u>  | <u>335 NW 164 AVE</u>  | <u>PEMBROKE PINES, FL 33028</u> |
|  |  |  |                                 |
|  |  |  |                                 |
|  |  |  |                                 |
| <b>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)(f), 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.</b> |  |  |                                 |
| <b>SIGNATURE:</b> <u>Rose Marr</u> <u>ROSE MARR</u> <u>(954) 358-6503</u>  |  |  |                                 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |                                 |
| <small>Date</small>  |  |  |                                 |

CR2E081 (9/01)

gr 117

***Lighthouse Lending Services, Inc.***

***19343 SW 39<sup>th</sup> Street  
Miramar, Florida 33029  
954-445-4626***

December 28, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

Enclosed you will find Form CR2E081 "Corporation Reinstatement" completed for Lighthouse Lending Services, Inc., in addition to our check #1113 in the amount of \$150.00.

By means of this letter, we respectfully request that you rescind the late filing fee, as we never received the renewal forms. We had recently moved out place of business, and unfortunately, a lot of our mail did not get forwarded to us.

In the event you have any questions regarding the above, please do not hesitate to contact me at 954-445-4626.

Sincerely yours,



Rose Marr  
President