

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000022337**

1. Corporation Name

LIGHTHOUSE CAPITAL INVESTMENTS, INC.

Principal Place of Business

Mailing Address

710 SOUTH DIXIE HIGHWAY
MIAMI FL 33146-2602

710 SOUTH DIXIE HIGHWAY
MIAMI FL 33146-2602

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

2. New Principal Office Address, If Applicable

4025 NE 2nd Ave.

3. New Mailing Office Address, If Applicable

4025 NE 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2002

5. FEI Number

48-1303599

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREZ, VICENTE	287 LAS BRISAS COURT 320 Douglas Ct	MIAMI FL 33143

600035557986
05/06/04 01022 010 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARAN, FERNANDO S
710 SOUTH DIXIE HIGHWAY
MIAMI FL 33146-2602

Name

Yaguelyn Tous

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

4025 NE 2nd Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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
REGISTERED AGENT MUST SIGN

Date

4/28/04

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04 305-572-1802
Date Daytime Phone #

FILED

04 MAY -6 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



REINSTATEMENT 03-04

CR2E040 (7/03)