

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 11 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059330

1. Corporation Name

Florida Lighthouse Properties, Inc.

Principal Place of Business

Mailing Address

**640 S.W. 2nd Avenue
Miami, FL 33130**

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
601 Brickell Key Drive

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-7014934

Not Applicable

Zip

Country

Zip

Country

33131

USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	James T. Aldridge	596 Fernwood Drive	Key Biscayne, FL 33149

REINSTATEMENT Zero

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~James T. Aldridge~~
~~596 Fernwood Drive~~
~~Key Biscayne, FL 33149~~

Name
Michael E. Hill
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
Suite, Apt. #, Etc.
Suite 705
City
Miami

State
FL
Zip Code
33131

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.

Signature of
Registered Agent Michael E. Hill
REGISTERED AGENT MUST SIGN

Date **10/10/00**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

James T. Aldridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00

Date

(305)361-0171

Daytime Phone #

CR2E001 (12/98)