

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 6:17

DOCUMENT # P94000062867

1. Corporation Name

LIGHTHOUSE LIST COMPANY, INC.

Principal Place of Business

Mailing Address

6499 NW 9TH AVENUE
301
FT. LAUDERDALE FL 33309
US

6499 NW 9TH AVENUE
301
FT. LAUDERDALE FL 33309
US

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

2. New Principal Office Address, If Applicable

27 SE 24th AVE.
Suite Apt. #, etc. Suite 6
City & State Pompano Beach, FL
Zip 33062 Country USA

3. New Mailing Office Address, If Applicable

27 SE 24th AVE
Suite Apt. #, etc. Suite 6
City & State Pompano Beach, FL
Zip 33062 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1994 Sp

5. FEI Number

65-0517278

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ORR, BOBBY	6499 NE 9TH AVE, STE 301 27 SE 24th AVE - Su. 6	FT. LAUDERDALE FL POMPAÑO BEACH, FL 33062
VP	DESALVO, ROBERT	6499 NE 9TH AVE, STE 301	FT. LAUDERDALE FL
VP	TRAVERSO, MARK	6499 NE 9TH AVE, STE 301 27 SE 24th AVE. Su. 6	FT. LAUDERDALE FL POMPAÑO BEACH, FL 33062
			300004679243--5 -11/14/01--01085--010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORR, ROBERT

6499 NW 9TH AVENUE, STE 301
FT. LAUDERDALE FL 33309
27 SE 24th AVE, STE 6
POMPAÑO BEACH, FL
33062

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/01

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 #

10/23/01 954-489-3008

CR2E040 (8/01)