

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -9 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014838

**1. Corporation Name**

LAMPLIGHTER MHP, INC.

**2. Principal Office Address**

c/o Norton S. Karno

**3. Mailing Office Address**

c/o Cory S. Sukert

Suite, Apt. #, etc.

10255 Ventura Blvd., 1200

Suite, Apt. #, etc.

18200 Von Karman #725

City & State

Encino, California

City & State

Irvine, California

Zip

91436

Country

USA

Zip

92612

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/14/1997

**5. FEI Number**

58-2289678

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Larson, Roger A

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

911 Chestnut Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

34616-33756

**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.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-5-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KARNO, NORTON S	16255 VENTURA BLVD., SUITE 1200	ENCINO, CA 91436
D	LEFFLER, MARTIN G	16030 VENTURA BLVD., SUITE 300	ENCINO, CA 91436

REINSTATEMENT

03-04

**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)(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

NORTON S. KARNO

Date

10/21/03

Daytime Phone #

(818) 981-3400

CR2E081 (10/02)