

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000080397

1. Corporation Name

Lighthouse Mortgage Holding Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

2. Principal Office Address

2521 NE 31st Ct

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

Broward

3. Mailing Office Address

P.O. Box 5003

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33074

Country

Broward

REINSTATEMENT

02-04
MRS

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

9/16/1997

5. FEI Number

65-0788244

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

Mitchell Canada

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

2521 NE 31st COURT

Suite, Apt. #, Etc.

Mitchell Canada

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

000035703140

05/06/04-01028-011 **1050.00

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

Mitchell Canada

Date

4/29/04

REGISTERED AGENT MUST SIGN

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
PRES	Mitchell H. Canada	2521 NE 31st COURT	LIGHTHOUSE POINT, FL 33064

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:

Mitchell Canada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04

Daytime Phone #

954-777-4774

CR2081 (01/04)