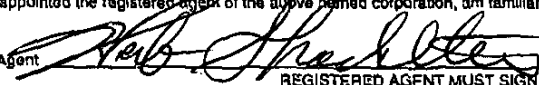
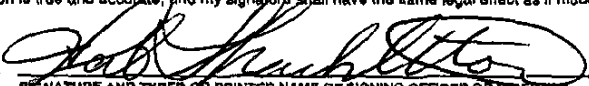


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 APR 12 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # P97000084649																													
1. Corporation Name Lighthouse Point, Inc.																													
2. Principal Office Address 2650 NE 23rd Court Suite, Apt. #, etc.		3. Mailing Office Address 2650 NE 23rd Court Suite, Apt. #, etc.		REINSTATEMENT 03-04 400032505824 04/13/04--01016--007 **908.75 4. Date Incorporated or Qualified To Do Business in Florida 9/30/97 5. FEI Number 650790475 Applied For: ☐ Not Applicable: ☐ 6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status																									
City & State Pompano Beach, Florida		City & State Pompano Beach, Florida																											
Zip 33062	Country USA	Zip 33062	Country USA																										
7. Name and Address of Current Registered Agent Name: Herbert Shackelton Street Address (P.O. Box Number is Not Acceptable): 2650 NE 23rd Court Suite, Apt. #, Etc.: City: Pompano Beach State: FL Zip Code: 33062																													
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:  Date: 4/7/04 REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Herbert Shackelton</td> <td>2650 NE 23rd Court</td> <td>Pompano Beach, FL 33062</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	Herbert Shackelton	2650 NE 23rd Court	Pompano Beach, FL 33062																
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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)(f), 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:  Date: 4/7/04 Phone: 954-234-3377 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													