

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 27 PM 1:24

**DOCUMENT # P99000010545**  
1. Corporation Name  
**LIGHTHOUSE LANDSCAPING OF JACKSONVILLE, INC.**

Principal Place of Business Mailing Address  
7938 LIMOGES DR. S. P.O. BOX 61721  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210



**REINSTATEMENT**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/01/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3552285	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PRES.	RANDALL STEWART	7938 LIMOGES DRIVE S.	JACKSONVILLE, FL 32210

300003523903--4  
01/04/01 01102 003  
\*\*\*\*750.00 \*\*\*\*750.00

*RS 12/28*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STEWART, RANDALL R 7938 LIMOGES DR. S. JACKSONVILLE FL 32210		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: *Randy Stewart* **SIGNATURE REQUIRED** Date: 12-10-00  
REGISTERED AGENT MUST SIGN

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:** *Randy Stewart* **RANDALL R. STEWART** Date: 12-10-00 Daytime Phone #: 9046930763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR