

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 05.


FILED

05 DEC 13 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072005 REIN-P CR2E098 (6/04)

DOCUMENT # P99000034636			
1. Entity Name PONCE LIGHTHOUSE PROPERTIES, INC.			
Principal Place of Business 4620 S ATLANTIC AVE PONCE INLET, FL 32127		Mailing Address 4620 S ATLANTIC AVE PONCE INLET, FL 32127	
2. Principal Place of Business		3. Mailing Address 20 Box 723427	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Atlanta, Ga.	
Zip	Country	Zip	Country
		31139	
4. FEI Number 59-3574079		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CIRKS, DOUGLAS R 4620 S. ATLANTIC AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MARK C. MUELLER 1845 THE EXCHANGE ATLANTA, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUGGEN, DAVID V 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY DOROTHY J. GIGLIO 1845 THE EXCHANGE ATLANTA, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PINCKNEY, FRED J 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATHIS, STEVEN B 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TREADWAY, FREDERICK C 4620 S ATLANTIC AVE PONCE INLET, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIM, STEPHEN R 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		12-1-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	