

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 DEC 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047758

1. Corporation Name

LIGHTHOUSE FINANCIAL GROUP OF NEW MEXICO, INC.

2. Principal Office Address
4245 West Kennedy Boulevard

3. Mailing Office Address
4245 West Kennedy Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip Country
33609 USA

Zip Country
33609 USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/26/1999

5. FEI Number
59-3579996

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

F & L Corp. Attn: Curt P. Creely, Esq.

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

Suite, Apt. #, Etc.
Suite 2700

City
Tampa

State Zip Code
FL 33602

500004752495--9
-01/07/02--0101--007
***\$158.75 ***\$158.75

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 December 17, 2001

REGISTERED AGENT MUST SIGN

Martin Traber, Vice President

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	Andrew J. May	4245 West Kennedy Boulevard	Tampa, FL 33609
P	Andrew J. May	4245 West Kennedy Boulevard	Tampa, FL 33609

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:

Andrew May

December 18, 2001

913 639 0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew May, Pres., Director

Date

Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

1) Lighthouse Financial Group of New Mexico, Inc.;

~~2) Lighthouse Financial Group of Tennessee, Inc.~~

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
 01 DEC 20 PM 3:09
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

12/20/01

Order#: 5003366

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

JS