

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** S05425

**1. Corporation Name**

LIGHTHOUSE SHORES OF PONCE INLET, INC.

**2. Principal Office Address**

2800 Cherokee Terrace

Suite, Apt. #, etc.

City & State

Sarasota, Florida 34239

Zip  
34239

Country  
USA

**3. Mailing Office Address**

2800 Cherokee Terrace

Suite, Apt. #, etc.

City & State

Sarasota, Florida 34239

Zip  
34239

Country  
USA

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

October 11, 1990

**5. FEI Number**

59-3035425

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

J. Ronald Skipper

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

1515 Ringling Boulevard.

Suite, Apt. #, Etc.

Suite 1000

City

Sarasota

State  
FL

Zip Code  
34236

**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

*[Signature]*

Date 12/27/01

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|----------------|--------------------------------------|---|-------------------------|
| D, P           | Ward C. Beach                        | 2800 Cherokee Terrace                             | Sarasota, Florida 34239 |
| VP             | Barbara G. Beach                     | 2800 Cherokee Terrace                             | Sarasota, Florida 34239 |
| D, VP,<br>S, T | Cynthia M. Knispel                   | 4642 Stoneridge Trail                             | Sarasota, Florida 34232 |
|                |                                      |   |                         |
|                |                                      |   |                         |
|                |                                      |   |                         |

**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:**

*Barbara G. Beach Vice President* 12/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 DEC 31 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 93-01

CR2001 (9/00)

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Lighthouse Shores of Ponce  
Islet, Inc.*

Signature \_\_\_\_\_

Requested by: *WC*

Name

Date

Time

Walk-In

Will Pick Up

- RECEIVED  
01 DEC 31 AM 11:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA
- \_\_\_ Art of Inc. File \_\_\_\_\_
  - \_\_\_ LTD Partnership File \_\_\_\_\_
  - \_\_\_ Foreign Corp. File \_\_\_\_\_
  - \_\_\_ L.C. File \_\_\_\_\_
  - \_\_\_ Fictitious Name File \_\_\_\_\_
  - \_\_\_ Trade/Service Mark \_\_\_\_\_
  - \_\_\_ Merger File \_\_\_\_\_
  - \_\_\_ Art. of Amend. File \_\_\_\_\_
  - \_\_\_ RA Resignation \_\_\_\_\_
  - \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
  - ☒ Annual Report / Reinstatement \_\_\_\_\_
  - \_\_\_ Cert. Copy \_\_\_\_\_
  - \_\_\_ Photo Copy \_\_\_\_\_
  - \_\_\_ Certificate of Good Standing \_\_\_\_\_
  - \_\_\_ Certificate of Status \_\_\_\_\_
  - \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
  - \_\_\_ Corp Record Search \_\_\_\_\_
  - \_\_\_ Officer Search \_\_\_\_\_
  - \_\_\_ Fictitious Search \_\_\_\_\_
  - \_\_\_ Fictitious Owner Search \_\_\_\_\_
  - \_\_\_ Vehicle Search \_\_\_\_\_
  - \_\_\_ Driving Record \_\_\_\_\_
  - \_\_\_ UCC 1 or 3 File \_\_\_\_\_
  - \_\_\_ UCC 11 Search \_\_\_\_\_
  - \_\_\_ UCC 11 Retrieval \_\_\_\_\_
  - \_\_\_ Courier \_\_\_\_\_