PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 26 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **766161**

1. Corporation Name

LIGHT AND TRUTH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
4861 SW 75 AVE. MIAMI FL 33155	~~4861 SW 75 AVE.~~ ~~MIAMI FL 33155~~

REINSTATEMENT 03-04

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Homestead, FL.
Zip / Country	Zip: 33033 / Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/1982

5. FEI Number: 59-2557677 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TOIRAC, JR., MOISES	30220 SW 154TH AVE.	~~LEISURE CITY~~ FL Homestead, FL.
SD	SANCHEZ, EDNA	50 S.W. 59TH CT.	MIAMI FL
TD	PAIZANO, MELVIN	6150 SW 40TH ST., #A-3	MIAMI FL
VD	TOIRAC, MIRTA E	30220 S.W. 154 AVE.	HOMESTEAD FL
			900027623689 01/26/04--01093--014 **306.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TOIRAC, MOISES 30220 SW 154TH AVE. ~~LEISURE CITY~~ FL 33033 Homestead, FL. 33033	Name: Moises Toirac Street Address (P.O. Box Number is Not Acceptable): 30220 SW 154 AV. Suite, Apt. #, Etc.: City: Homestead State: FL Zip Code: 33033

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date 1-12-04
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: _____ Moises Toirac Jr. 1-12-04 305 245-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #