


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS


**FILED**  
 98 FEB -3 PM 4:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 771211**

1. Corporation Name  
**LAMP OF JESUS, INC.**

Principal Place of Business <b>% BEN HIGHTOWER          RT. 3 BOX 310          STARKE FL 32091</b>	Mailing Address <b>% BEN HIGHTOWER          RT. 3 BOX 310          STARKE FL 32091</b>
---	---

*If above addresses are incorrect in any way, line through incorrect information and enter correction below.*



**REINSTATEMENT 97-98**

4. Date Incorporated or Qualified To Do Business in Florida **11/14/1983**

5. FEI Number **59-2366433** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HIGHTOWER, BEN IV	RT 3 BOX 278	STARKE FL 32091
<del>DD</del>	<del>HIGHTOWER, KIMBERLY</del>	<del>RT 3 BOX 278</del>	<del>STARKE FL 32091</del>
TD	ADAMS, SCOTT	4984 ORTEGA FOREST DRIVE	JACKSONVILLE FL
D	HIGHTOWER, BEN	RT 3 BOX 310	STARKE FL 32091
D	BRYANT, BEN P.	336 N WALNUT	STARKE FL
D	HASTON, WALON	RT 1 BOX 213	RAIFORD FL 32083

8. Name and Address of Current Registered Agent

**MILNE, JACK F.  
 4595 LEXINGTON AVENUE  
 JACKSONVILLE FL 32210**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**300002422313--0**  
 Suite, Apt. #, Etc. **-02/05/98--01056--001**  
 City **\*\*\*\*\*297.50** State **FL** Zip Code **\*\*\*\*\*297.50**

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 *[Signature]* Date **1/28/98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *[Signature]* **BEN W. HIGHTOWER IV** Date **1-26-98** Daytime Phone # **9049647109**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES**

CR2E040 (8/97)