PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION		
. FOR		
REINSTATEMENT		



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOC	UME	NΙ	#
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N43701

1. Corporation Name

LIGHTHOUSE BAPTIST CHURCH OF LAKELAND, INC.

FILED 00 OCT 30 PM 12: 18

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address Co CROSSRONDE BAPTIS AND THE LARGE 6/29 Us. Hwy i 2011-12 ta00:

PKELAND_FL. above addresses are incorrect in any way, line thro	3380 J ugh incorrect information and enter correction below.	REINSTATEMENT
lew Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified

if above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida	06/05/1991
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		5. FEI Number	
					Applied For
		City & State		59-3065477	Not Applicable
				6.	\$8.75 Additional Fee require
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of	
7. Names and	Street Addresses of Each Officer of	ad/or Director /Florida	a nonprofit corporations must list at	least 3 directors V 11111111111111111111111111111111111	699177

7. Names a	and Street Addresses of Each Officer and/or Director (Flor	ida nonprofit corporations must list at least 3 directors)	<u> </u>
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	-11/17/00010/3008 ****238iv25tate*****236.25
# (ChoI, Jona Hyon D	360 HAY ENDALE BLVB	AUDHANDALE FL. 33832
1893 D.	PARKER, CARROLL H. D.	FLEETWOOD AVE.	BARTOW FL, 33830
	RIDE, BIOK CHA D.	SO(22-FAIRFAX DR. E	JARHANDFI FAOR FAX DR. E. LAKELAND FL 33813
	JACKSON, YONG A.	486 S. HANKIN Rd.	BARTOW FL. 33830
ρ,	NOLA BURNZEAD	917 HANOVER WAY	LAKELAND FL. 33813
	SANG	1920 E. Edfewood DR.	LAKELAND FL.
T	KWON, SANG H. T.	APT. ")	33803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Rev. MOAH PYO 6129 US HWY 985 POR 0 1967 - Whole Grove De Street Address (P.O. Box Number is Not Acceptable) -98-

Suite, Apt. #, Etc.

Laketond

State Zip Code

LIKELINA A Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations

Signature of Registered Agent

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PAREQUERED REGISTERED AGENT MUST SIGN

Date OCC/2.

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.

KB