

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 30 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706262

1. Corporation Name

Gospel Lighthouse Church, Inc.
2727 Pickettville Rd

2. Principal Office Address - No P.O. Box #

2727 Pickettville Rd P O. Box 6082

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32220

City & State

Jax, FL 32236

Zip

32220

Country

Duval

Zip

32236

Country

Duval

4. Data Incorporated or Qualified
To Do Business in Florida

10/09/1963

5. FEI Number

23-7010266

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

Harold D. Treadwell

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

7019 Keithan Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

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

Harold D. Treadwell

(REGISTERED AGENT MUST SIGN)

Date 12-27-70

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
H.	D. Treadwell	7019 Keithan Rd	Jax, FL 32220
V/D	Wilton Bowers	10205 Macon Rd	Jax, FL 32210
S/T	Dallas Bowers	10205 Macon Rd	Jax, FL 32219
D	Darrell Treadwell	7019 Keithan Rd	Jax, FL 32220
D	X Chris Bowers	10205 Macon Rd	Jax FL 32219

10. E-mail Address: GLCDEANTREADWELL@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Harold D. Treadwell

HAROLD D. TREADWELL

12-27-70

904-3494600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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