

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

96 DEC -9 AM 11:07

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



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

REINSTATEMENT *ae*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2557677

Applied For:

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  58-75 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)

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	TOIRAC, MOISES JR.	30220 SW 154TH AVE.	LEISURE CITY FL
VD	LAGOS, FREDY	21840 OLD CUTLER RD	MIAMI FL
SD	SANCHEZ, EDNA	50 S.W. 59TH CT.	MIAMI FL
TD	PAIZANO, MELVIN	6150 SW 40TH ST., #A-3	MIAMI FL
			800002028618--5 -12/13/96--01045--006 ***245.00 ***245.00 <i>DB12-9-96</i>

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		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 11-10-96

Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(D), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-96

270-5850

Date Daytime Phone #

CR2E040 (7/89)