

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

22 MAR -4 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766161**

1. Corporation Name

LIGHT AND TRUTH BAPTIST CHURCH, INC.

Principal Place of Business

4861 SW 75 AVE.
MIAMI FL 33155

Mailing Address

4861 SW 75 AVE.
MIAMI FL 33155



REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through, enclose information and enter correct in below

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

59-2557677

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED **6.75 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, JR., MOISES	30220 SW 154TH AVE.	LEISURE CITY FL
VD	LAGOS, FREDY	21640 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

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8. Name and Address of Current Registered Agent

TOIRAC, MOISES
30220 SW 154TH AVE.
LEISURE CITY FL 33033

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date: 1-2-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moises Toirac

1-2-99

305 270-5850