

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
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida
12/15/1982

5. FEI Number
59-2557677

6. CERTIFICATE OF STATUS DESIRED \$0.75 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
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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:  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:  **Moises Toirac** 1-2-99 305-270-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR27040 (9/98)