

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766161

1. Corporation Name

LIGHT AND TRUTH BAPTIST CHURCH, INC.

FILED

01 APR -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/15/1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2557677	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	4 City / State / Zip
PD	TOIRAC, JR., MOISES	30220 SW 154TH AVE.	LEISURE CITY FL HOMESTEAD, FL.
VB	LACIOS, FREDY	81649 OLD OUTLER RD	MIAMI FL
SD	SANCHEZ, EDNA	50 S.W. 59TH CT.	MIAMI FL
TD	PAIZANO, MELVIN	6150 SW 40TH ST., #A-3	MIAMI FL
VD	TOIRAC, MIRTA E.	30220 SW 154 AV.	HOMESTEAD, FL.

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, etc.)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/21/01

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/01

Daytime Phone #

305
245-8263

CR200 (800)