


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 98 MAR 11 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 771039					
1. Corporation Name BELLE GLADE DELIVERANCE REVIVAL CENTER, INC. <div style="text-align: right; margin-right: 100px;"><i>W98-1809</i></div>					
Principal Place of Business 748 SW 14th Street Belle Glade, FL 33430				Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 748 SW 14th Street		3. New Mailing Address, If Applicable 748 SW 14th Street		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2773621	
City & State Belle Glade, Florida		City & State Belle Glade, Florida		Applied For <input type="checkbox"/> Not Applicable	
Zip 33430	Country Palm Beach	Zip 33430	Country Palm Beach	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	Johnnie Lightner	748 SW 14th Street	Belle Glade, FL 33430		
S/D	Sandra L. Lightner	748 SW 14th Street	Belle Glade, FL 33430		
T/D	Frances L. Lightner	748 SW 14th Street	Belle Glade, FL 33430		
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;"> 700002455927-3 -03/12/98--01109--013 ***1102.507/1102.50 </div>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name Johnnie Lightner		
			Street Address (P.O. Box Number is Not Acceptable) 748 SW 14th Street		
			Suite, Apt. #, Etc.		
			City Belle Glade,	State FL	Zip Code 33430
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 <i>Johnnie Lightner</i> Date January 20, 1998 <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
561/996-0604 January 20, 1998					
SIGNATURE: <i>Johnnie Lightner</i>					

CR2E040 (12/95)