

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771039

1. Corporation Name

BELLE GLADE DELIVERANCE REVIVAL CENTER, INC.

Principal Place of Business

Mailing Address

748 SW 14TH STREET
BELLE GLADE FL 33430

748 SW 14TH STREET
BELLE GLADE FL 33430

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1983

5. FEI Number

59-2773621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
PD	LIGHTNER, JOHNNIE	748 SW 14TH STREET	BELLE GLADE FL 33430
D	CUYLER, LARRY	908 S.E. SECOND STREET	BELLE GLADE FL 33430
TD	LIGHTNER, FRANCES L.	748 SW 14TH STREET	BELLE GLADE FL 33430
S	ELMORE, DEBRA	P.O. BOX 465	SOUTH BAY FL 33493
T	CLARK, LATONIA	5330 EADIE PLACE	WEST PALM BEACH FL 33407
T	CLARK, ANTONIO	5330 EADIE PLACE	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGHTNER, JOHNNIE
748 SW 14TH STREET
BELLE GLADE FL 33430

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

Johnnie Lightner
REGISTERED AGENT MUST SIGN

Date

11/01/01

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:

Johnnie Lightner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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