

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 14 AM 9:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771039

1. Corporation Name
BELLE GLADE DELIVERANCE REVIVAL CENTER Inc

100088461971
02/16/07--01003--026 **358.75

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

748 SW 14th St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Zip

Country

Zip

Country

33430

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/83

5. FEI Number

592773621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Johnnie Lightner

Street Address (P.O. Box Number is Not Acceptable)

748 SW 14th St

Suite, Apt. #, Etc.

City

BELLE GLADE

State

FL

Zip Code

33430

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elder Johnnie Lightner
REGISTERED AGENT MUST SIGN

Date 01/31/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Johnnie Lightner	748 SW 14 th St, Belle Glade FL 33430	Belle Glade, FL 33430
TD	Frances Lightner	748 SW 14 th St	Belle Glade, FL 33430
T	John Miller Jr.	748 SW 14 th St	Belle Glade, FL 33430
Asst. T	Latonia Clark	122 Jog Rd	Sylvestor, GA 31702
Sec	Terry D. Bailey	W. 36 th St.	Reviera Beach, FL
		2/15	

10. 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 contained in Chapter 119, 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:

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

01/31/07

Date

Daytime Phone #