

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 15 AM 8:00

DOCUMENT # N01000002933

1. Corporation Name

DR. LEBERT MALAHOO MINISTRIES, INC.

Principal Place of Business

Mailing Address

705 STINNETT DR  
OCOE FL 34761

705 STINNETT DR  
OCOE FL 34761

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

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/2001

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MALAHOO, LEBERT DR.	705 STINNETT DR	OCOE FL 34761
D	MALAHOO, PAULINE	705 STINNETT DR	OCOE FL 34761
D	MALAHOO, ANDREW	705 STINNETT DR	OCOE FL 34761

900025607629  
12/18/03--01057--015 \*\*61.25

8. Name and Address of Current Registered Agent

MALAHOO, LEBERT DR.  
705 STINNETT DR  
OCOE FL 34761

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Rev Dr Lebert Malahoo*

REGISTERED AGENT MUST SIGN

Date 7 Dec 2003

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

*Dr Lebert Malahoo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Dec 2003

Date 407.292-5446 Daytime Phone #

CH2E040 (7/03)

292

**Dr. Lebert Malahoo Ministries Inc.**

**705 stinnett Dr. Ocoee, Fl 34761**

**December 7, 2003**

**To whom it may concern**

**This letter serves to inform you that Dr. Lebert Malahoo Ministries Inc. has never received any letter or Document for The Year 2003 from the Division Of Corporation Tallahassee, Florida. The only letter we received was the letter of cancellation.**

**Thank you for your kind consideration in this matter.**

**Yours Truly,**

**Rev. Dr. Lebert Malahoo**

*Dr. Lebert Malahoo*

Document # NO 1000002933