

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N05000006375*

1. Corporation Name

LIGHT House Healing and Deliverance Ministry, Inc

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

50 Address Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida

City & State

Zip

32208

Country

DUVAL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 21, 2005

5. FEI Number

76-0794175

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

Sally Serna

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

50 Address Street

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

☒ 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

Sally Serna

REGISTERED AGENT MUST SIGN

Date *10/30/2008*

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>Sally Serna</i>	<i>50 Address Street</i>	<i>JACKSONVILLE, FL 32208</i>
V.Pes.	<i>Elizabeth Pearson</i>	<i>3145 Rhone Drive</i>	<i>JACKSONVILLE, FL. 32208</i>
Sec.	<i>LARITA Hayes</i>	<i>7118 N. Pearl Street</i>	<i>JACKSONVILLE, FL. 32208</i>

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:

Sally Serna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/08 (904) 731-8230

Date

Daytime Phone #

FILED
08 OCT 31 PM 2:59
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000137609130
11/04/08--01025--001 **122.00

CR2E081 (10/08)