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JC 11/14

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE Secretary of State	
REINSTATEMENT	DIVISION OF CORPORATIONS	O6 HOV 14 AH 9: 52
DOCUMENT # N 27982 1. Corporation Name Lighthouse Holy Ghost Center, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
		MENISTATEMENT 05-06
3080 N.W. 76 Street	3. Mailing Office Address 3080 N.W. 76 Street	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 8-22-88
Migmi, Fla,	Migmi, Florida	5. FEI Number Applied For
33147 "Country U.S.A.	33147 U-, S, A,	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name DELOKIS DAVIS		
Street Address (P.O. Box Number is Not Acceptable) 3080 N.W. 764h Street		
Suite, Apt. #, Etc.		
City Miami		State Zip Code FL 33/47
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 Date November 4 2006  REGISTERED AGENT MUST SIGN		
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 Eac	th City / State / Zin
P/D DELOKIS DAY	VIS 3080 N.W.765H	reet Miami, Fla, 33147
S/D Holly Mc INTO	SH 890 N.W. 213 L	ane 15% Miami, Fla. 33/69
T/D Lottie Mae Phi	illips 2/00/ N.W. 3/ F	Wenue Migmi, FLa.33055
	/	/
		11/11/0601014013 **131.25
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.  And an in the same legal effect as if made under oath.		
SIGNATURE: Deloris Da	L' DELABTO HAIH	5 1/1-1/2 20501/0002

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November 3, 2006

Department of State Corporations Division Tallahassee, Florida

Dear Sirs:

I am writing because I did not receive a statement or notice to renew in 2005. I was involved in moving, and some of my mail was mixed up, lost, or never arrived at my new apartment. I would like to reinstate our church group as soon as possible. Thanking you in advance.

Evang. Deloris Davis

Deloris Davis

3080 N.W. 76th Street

Miami, Florida 33147

(305) 835-7968 home#

(305) 961-9002 work#

E-mail deloris.davis@usdoj.gov