

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N41139*

1. Corporation Name

*The Lighthouse Christian Church
(Disciples of Christ) INC*

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

1250 N. BANANA RIVER DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

SAME

Zip

Country

32952 USA

Zip

Country

SAME SAME

7. Name and Address of Current Registered Agent

Name

William Schoneman

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

1250 N. BANANA RIVER DR

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

William Schoneman

Date

6/4/09

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 Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>William Schoneman</i>	<i>1250 N. BANANA RIVER DR</i>	<i>Merritt Island, FL 32952</i>
<i>CD</i>	<i>GARY MONDUS</i>	<i>SAME AS ABOVE</i>	<i>SAME AS ABOVE</i>
<i>VED</i>	<i>BILL ERSKINE</i>	<i>SAME AS ABOVE</i>	<i>SAME AS ABOVE</i>
<i>SD</i>	<i>Amy Bilder</i>	<i>SAME AS ABOVE</i>	<i>SAME AS ABOVE</i>
<i>TD</i>	<i>Jim Kuehn</i>	<i>SAME AS ABOVE</i>	<i>SAME AS ABOVE</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:

William Schoneman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Schoneman 6/4/09 452-1012

700156933747
06/09/09--01002--004 **183.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/1990

5. FEI Number

59-2385354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.