

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1997 SEP -4 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/05/97--01113--006
****428.75 ****428.75

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
94-97 Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N93000003362
1. Corporation Name

Lighthouse Holiness Church of God, Inc.
WTT-19803

Principal Place of Business Mailing Address
18820 NW 8th Ave 18820 NW 8th Ave.
Miami, FL 33169 Miami, FL 33169

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/27/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-4029165	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BARRETT, LETORA	18820 NW 8th Ave.	MIAMI, FL 33169
D	HESSING, LINVAL	6530 SW 8th ST	NORTH LAUDERDALE, FL 33068
D	HESSING, UNICE	6530 SW 8th ST	NORTH LAUDERDALE, FL 33068

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARRETT, LETORA 18820 NW 8th Ave Miami, FL 33169		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.

Signature of Registered Agent: Letora A. Barrett
REGISTERED AGENT MUST SIGN
Date: 8-25-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: BARRETT, LETORA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8.25.97
Daytime Phone #: (305) 652-2729 / (305) 653-5249

CPRE040 (12/96)