

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003362

1. Corporation Name
LIGHTHOUSE HOLINESS CHURCH OF GOD INCORPORATED
6377 S.W. 27th Street Miramar FL 33023
16354 S.W. 15th Street Pembroke Pines FL 33027

18820 NW 8TH AVE
MIAMI FL 33169

18820 NW 8TH AVE
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 <i>Rev. Letora A Barrett</i> Suite, Apt. #, etc. <i>Home</i>	3. New Mailing Office Address, If Applicable <i>1637 S.W. 27th Street</i> Suite, Apt. #, etc. <i>Church</i>	4. Date Incorporated or Qualified To Do Business in Florida <i>07/27/1983</i>
City & State <i>16354 S.W. 15th Street</i> Zip <i>Florida 33027</i>	City & State <i>Miramar</i> Zip <i>Florida 33023</i>	5. FEI Number <i>65-9029116</i>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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	HENRY, M LANSLEY R	967 NE 145TH ST	N MIAMI FL 33161
	<i>Rev. Letora A. Barrett</i>	<i>16354 S.W. 15th Street Pembroke Pines Florida 33027</i>	<i>Florida 33027</i>
	<i>Linval Hessing Secretary</i>	<i>6530 SW 8th St.</i>	<i>North Lauderdale FL 33068</i>
	<i>Lansley M Henry</i>	<i>967 NE 145th St</i>	<i>N Miami Florida 33161</i>

8. Name and Address of Current Registered Agent BARRETT, LETORA A REV 18820 NW 8TH AVE MIAMI FL 33169 <i>400003066154--6</i> <i>-12/10/99--01009--004</i> <i>***236.25 ***236.25</i>	9. Name and Address of New Registered Agent REINSTATEMENT Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> Suite, Apt. #, Etc. <i>N/A</i> City <i>N/A</i> State FL Zip Code <i>N/A</i>
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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: *Rev. Letora A. Barrett* Date: *10th 18 99*

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: *Rev. Letora A. Barrett* Date: *10-18-99* Daytime Phone #: *(904) 8939904*
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Home