### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

→ DIVISION OF CORPORATIONS

## DOCUMENT # N93000003362

1. Corporation Name

#### LIGHTHOUSE HOLINESS CHURCH OF GOD INCORPORATED

Principal F	riace	Oī	Business

Mailing Address

6337 SW 27TH STREET

SIGNATURE:

16354 SW 15 STREET

FILED

03 NOV 21 AM 9:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CHURCA HOME MIRAMAR FL 33023 PEMBROK			PINE FL 33027							
. If above addresses are incorrect in any way, line through incorrect information and enter corre					orrection below.	REINS	STATIME	NT (	55	
New Principal Office Address, If Applicable     3. New Mail			ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 07/27/1993				
Suite, Apt. #, etc. Suite, Apt. #			, etc.							
City & State City & Sta			е			OF 0000440			Applied For Not Applicable	
Zip Country Zip 33023 Broward			Country			CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and	l/or Director (Flo	orida nonpro	ofit corporat	ions must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip				
D	BARRETT, LETORA REV	16354 S.W. 15			REET		PEMBROKE PINES FL 33027			
D	HESSING, LINVAL			6530 SW 8TH ST			NORTH LAUDERDALE FL 33068			
D HENRY, M LANSLEY R			967 NE 145TH ST				N MIAMI FL 33161			
•										
						10/22/	500024000455 10/22/0301011014 **183.95			
•						600024000466 11/21/0301036003 **52.30			30	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
BARRETT, LETORA A REV				Name // A						
16356 SW 15 ST				Street Address (P.O. Box Number is Not Acceptable)						
PEMBROKE PINES FL 33027			<del></del>	Sulte, Apt. #, Etc.						
				-	City	J A.		State Zip Co	ode	
10. I, bein	ng appointed the registered agent of the ab	ove named corp	oration, am	familiar with	and accept the d	bligations of Sect				
Signature Registered	d Agent	TUR T	1 - RE	SIGN			Date 🗥 📗	4 0	2.3	

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.