

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
AND
FILED

98 DEC 21 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96000601433*

1. Corporation Name

Lighthouse of Deliverance Church, Inc

Principal Place of Business

Mailing Address

*743 Central Ave.S.
Apopka, FL 32703*

*P.O. Box 2044
Eatonville, FL 32751*

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

3-11-1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3352471

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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 Titles	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
<i>P/D</i>	<i>Weathers, Nathaniel Jr.</i>	<i>201 Cadillac Ct.</i>	<i>Altamonte Springs, FL 32701</i>
<i>D</i>	<i>Weathers, Patricia</i>	<i>201 Cadillac Ct.</i>	<i>Altamonte Springs, FL 32701</i>
<i>D</i>	<i>Katimer, Jimmy</i>	<i>667 W. Comstock Ave</i>	<i>Winter Park, FL 32789</i>
<i>T/D</i>	<i>Bencham, Prayarn</i>	<i>6252 Brookhill circle</i>	<i>Orlando, FL 32810</i>
<i>S/D</i>	<i>Smith, Stephanie</i>	<i>865 Darwin Dr.</i>	<i>Altamonte Springs, FL 32701</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Richard A. Leigh

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

1801 Lee Rd.

Suite, Apt. #, Etc.

360

City

Winter Park,

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date *12-17-98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 517, 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:

Nathaniel Weathers Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

12/18/98

Daytime Phone #

407-525-8168

REINSTATEMENT *98*

ORIGINAL FILED