

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N96000001433

1. Corporation Name

LIGHTHOUSE OF DELIVERANCE CHURCH, INC.

Principal Place of Business

743 CENTRAL AVE. S.
APOPKA FL 32703
US

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1996

5. FEI Number

59-3352471

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WEATHERS, NATHANIEL JR.	201 CADILLAC COURT	ALTAMONTE SPRINGS FL 32701
D	WEATHERS, PATRICIA	201 CADILLAC COURT	ALTAMONTE SPRINGS FL 32701
D	LATIMER, JIMMY	667 WEST COMSTOCK AVENUE	WINTER PARK FL 32789
TD	BEACHAM, DRAYARN	6252 BROOKHILL CIRCLE	ORLANDO FL 32810
SD	SMITH, STEPHANIE	865 DARWIN DR	ALTAMONTE SPRINGS FL 32701

8. Name and Address of Current Registered Agent

LEIGH, RICHARD A
1801 LEE RD
360
WINTER PARK FL 32789

REINSTATEMENT 99-11-18

9. Name and Address of New Registered Agent

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

788883898317-6

Suite, Apt. #, Etc. -01/06/00--01022--018

City

****236.25 State ****236.25

FL

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

Richard A. Leigh
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-22-99

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:

Drayarn Beacham
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/99
Date

407-629-5920
Daytime Phone #