

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

FILED

01 FEB -8 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

0001

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.		03/11/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3352471	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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
<del>TD</del>	<del>BEACHAM, DRAYARN</del>	<del>6252 BROOKHILL CIRCLE</del>	<del>ORLANDO FL 32810</del>
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

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is OK)	
Suite, Apt. #, Etc.	
City	State Zip Code
	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 02-01-01

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:

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

Date

Daytime Phone #

2/3/01

CR2E040 (8/00)