

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N97000004872</b>		<b>FILED</b> 99 MAR 12 AM 11:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>HOLY TABERNACLE LIGHTHOUSE OF GOD, INC. 3919 Conoga Park Drive Brandon, FL 33511</b>			
Principal Place of Business <b>3919 Conoga Park Dr. Brandon, FL 33511</b>			
Mailing Address <b>110 Barkfield Street Brandon, FL 33511</b>			
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			
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/O	ANNA GIBSON	3919 Conoga Park Drive	Brandon, FL 33511
S/O	SIM GIBSON	3919 Conoga Park Drive	Brandon, FL 33511
D	Keith Glover	3401 E. LOUISIANA AVE	Tampa, FL 33619
<b>REINSTATEMENT 98-99 B 3/16/99</b>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANNA GIBSON 110 Barkfield Street Brandon, FL 33511		Name Street Address (P.O. Box Number is Not Accepted) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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 <i>Anna Gibson</i>		Date	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 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: <i>Anna Gibson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			