


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-2001-
**CORPORATION
REINSTATEMENT**
UBR

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

DOCUMENT # 97000006853

1. Corporation Name
DELIVERANCE LIGHTHOUSE MINISTRIES, INC.

2. Principal Office Address
10701 S.W. 216 Street
Suite, Apt. #, etc.
Suite #5
City & State
Miami, Florida

3. Mailing Office Address
P.O. Box 160131
Suite, Apt. #, etc.
City & State
Miami, Florida

Zip Country
33170 USA

Zip Country
33116 USA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida 97 DEC 10

5. FEI Number 65-0799924
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Marie Burgess

Street Address (P.O. Box Number is Not Acceptable)
11405 S.W. 147 Street

Suite, Apt. #, Etc.

City
Miami,

State Zip Code
FL 33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Marie Burgess Date November 10, 2001
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Willie Frank Bemby	12510 S.W.184 Street	Miami, Florida 33177
V	Catherine Brinson	12475 S.W. 187 Street	Miami, Florida 33177
S	Sonia Bemby	12510 S.W.184 Street	Miami, Florida 33177
T	Marie Burgess	11405 S.W. 147 Street	Miami, Florida 33176
D	Annie Jackson	10148 Circle Plaza West	Miami, Florida 33157
D	Edward Burgess	11405 S.W.147 Street	Miami, Florida 33176

10. 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: Catherine Brinson **Cathrine Brinson** 11/10/01 305-232/3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #