

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 16 PM 1:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000006898

1. Corporation Name

The Eternal Guiding Light Faith Ministries,
Inc.

2. Principal Office Address

2420 NW 6 Street

3. Mailing Office Address

P. O. Box 784

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

Zip

33061

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 2, 1998

5. FEI Number

65-0798165

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

Gary B. McCleod

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

2420 NW 6 Street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

Gary B. McCleod
REGISTERED AGENT MUST SIGN

Date 1-23-01

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
D	Charles Derico	2551 NW 5 Street	Pompano Beach, FL 33069
D	Walter Hunter	1250 NW 27 Avenue	Pompano Beach, FL 33069
D	John McCleod	1801 NW 2 Terrace	Pompano Beach, FL 33060
T	Joyce Jackson	360 NW 14 Street	Pompano Beach, FL 33060
T	Johnny L. Talton	2651 NW 2 Street	Pompano Beach, FL 33069
T	Pamela Phoenix	5910 NE 1st Avenue	Ft. Lauderdale, FL 33334

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:

Charles Derico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001 (954)977-7490

Date

Daytime Phone #

CR2E081 (9/99)