

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001425

1. Corporation Name

PROMISE LAND MINISTRIES LIGHTHOUSE, INC.

Principal Place of Business

Mailing Address

20 CHURCH ROAD  
CRAWFORDVILLE FL 32327

20 CHURCH ROAD  
CRAWFORDVILLE FL 32327

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

03/11/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P&D	BRUCE DAVIS	3173 Sopchoppy Hwy Sopchoppy Fla.	Sopchoppy Fl. 32358
T&D	Billie Davis	3173 Sopchoppy Hwy Sopchoppy	Sopchoppy Fl. 32358
S	Sandro Ross		Crawfordville, Fl 32327
D.	Ronald Creekmore	20 Church Rd	Crawfordville Fl 32327

8. Name and Address of Current Registered Agent

DAVIS, BILLIE  
20 CHURCH ROAD  
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Billie Davis

Date 10-13-99

REGISTERED AGENT MUST SIGN

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:

Billie Davis Billie DAVIS

10-13-99

Date

Daytime Phone #

KE

850-926-3281