## APPROVED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LED

	PORATION STATEMENT	Secretary	TMENT OF STATE y of State orporations	· 	06 JUH 23 PH SECRETARY OF TALLAHASSEE, F	<b>2:</b> 28 STATE LORIDZ
DOCUMENT # N99000004526  1. Corporation Name					÷	.,
Lighthouse Baptist Church of Central Florida,Inc.						
		W06-	25598	Wali.	SOTATE HUSSE	achs
2. Principa 3838	Howell Branch Rd	3. Mailing Office Addres	ling Office Address 8 Howell Branch Rd		STATEVEN CR2E081 (12/05)	01-06
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		4. Date incom	orated or Qualified	~
City & State	or Dork El	City & State			corporated or Qualified 7/23/1999  Applied For	
Winter Park, FL		Winter Park, FL		5. 593590214 Applicable		
3279	2   ÜSA	<b>3</b> 2792	ŰŠA	G. CERTIFICATE		ditional Fee required ertificate of Status
	7. Name and Address of Current Registered Agent					
	Brenton C. Asbury, President					
	3101Poppyseed Ct. 3101075723343 06/29/0601052004 **378 25					
	Suite, Apt. #, Etc.					
	Örlando		•		State 32826	
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						
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/T/D	Brenton C. Asbury		3101 Poppyseed Ct.		Orlando, FL 32826	
VP/s/t	Carrie E. Asbury 3101 Poppyseed		I Ct.	Ct. Orlando, FL 32826		
T	Chet A. Roberts		14627 Firestone St.		Orlando, FL 32826	
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 filling 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 contained in Chapter 119, 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:  SIGNATURE:  SIGNATURE:						
SIUNA	UKE.	<u> </u>	<u> </u>		-, - <del>-</del>   -	10-01