

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:58

DOCUMENT # P98000010245

1. Corporation Name

LIGHTHOUSE CHRISTIAN BOOKSTORE, INC.

Principal Place of Business

2543 # 3
2401 #5 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

Mailing Address

2543 # 3
2401 #5 CRAWFORDVILLE HWY
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1998

5. FEI Number

593490804

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 | JOHNSON, PAULA L <i>no longer in firm</i> | 157 LAWTON MILL RD | CRAWFORDVILLE FL 32327 |
| S | SKELTON, BEVERLY C | 237 MULBERRY CT | CRAWFORDVILLE FL 32327 |
| T | SKELTON, TIMOTHY C | 237 MULBERRY CT | CRAWFORDVILLE FL 32327 |
| | | | 500003027045--3 -10/27/99--01098--014 ****150.00 ****150.00 |
| | <i>We did not receive original form due to address change.</i> | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKELTON, BEVERLY C

2401 #5 CRAWFORDVILLE HWY 2543 # 3
CRAWFORDVILLE FL 32327

Name

SKELTON Beverly C.

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

2543 # 3 Crawfordville Hwy.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Beverly C. Skelton
REGISTERED AGENT MUST SIGN

Date 10/11/99

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:

Beverly C. Skelton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/99
Date

850
926.2120
Daytime Phone #

CR25040 (8-99)