

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -1 AM 11:24

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000010817

1. Corporation Name

CENTRO CRISTIANO SHALOM-ASAMBLEAS DE DIOS-DAVENPORT, FLORIDA, INC.

300187296883
11/01/10--01048--003 **236.25

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

44089 U.S. HWY 27

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2889

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

Zip

33837

Country

USA

Zip

33836

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/15/2003

5. FEI Number

141885017

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

REV. ABIUD CABA

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

108 PINE BARK WAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34758

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Abiud Caba

Date 10-26-10

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
PD	REV. ABIUD CABA	108 PINE BARK WAY	KISSIMMEE, FL 34758
TRES	MARIA LUZ NARIS	17104 WOODCREST WAY	CLERMONT, FL 34714
SEC	BRENDA DE LEON	328 S 22 STREET	HAINES CITY, FL 33844

REINSTATEMENT

10. E-mail Address: pastorabiud@ccshalom.org

(To be used for future annual report notification)

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. I further certify, 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:

Abiud Caba Abiud Caba

10-26-10

Date

407-709-0426

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR