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 28 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007516

1. Corporation Name

Iglesia Señor Todopoderoso (El TAbor), Inc.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
213 SE 13 Street	410 SE 16 Street
Suite, Apt. #, etc.: Rm 201	Suite, Apt. #, etc.: Apt # 3
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — [X] 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. Ovidio Canales

Street Address (P.O. Box Number is Not Acceptable): 410 SE 16 Street

Suite, Apt. #, Etc.: Apt #3

City: Fort Lauderdale, State: FL Zip Code: 33136

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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: Ovidio A. Canales — REGISTERED AGENT MUST SIGN — Date: 2/13/01

CR2E061 (9/99)

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
Pres.	Rev. Ovidio Canales D	410 SE 16 Street Apt # 3	Fort Lauderdale, FL 33316
Dir	Juan Martinez D	505 SE 16 CT Apt # 5	Fort Lauderdale, FL 33316
Dir	Jesus Perez D	1731 SW 32 Street	Fort Lauderdale, FL 33315
			LS

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: Ovidio A Canales — 2/13/01 — (954) 524-0938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #