

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 22 PM 6:30

DOCUMENT # 702412

**1. Corporation Name**

IGLESIA CRISTIANA OASIS DE AMOR,  
INC.

**2. Principal Office Address**

6922 20th AVE S.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip Country

33619 USA

**3. Mailing Office Address**

6922 20th AVE S. REINSTATEMENT 00-01

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip Country

33619 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/10/1961

**5. FEI Number**

23-7376758

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

Luis Capdevila

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

11301 N. OLA AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

**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

REGISTERED AGENT MUST SIGN

Date

4-20-01

**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.	Luis Capdevila	11301 N. OLA AVE	TAMPA, FL 33612
STD.	ALBERT Capdevila	3012 ABDELLA ST	TAMPA, FL 33607
Chairman	Nino Albaladejo	5219 20th Avenue	Tampa, FL 33619

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-01

Daytime Phone #

813-626-1787

CR2E081 (9/00)