

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 14 AM 11:18

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739003

1. Corporation Name

Centro de Adoracion Emanuel, Inc.

900161698249
10/14/09--01022--003 **236.25

CR2E081 (12/08)

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

1732

Suite, Apt. #, etc.

N. Goldenrod Rd.

City & State

Orlando, Florida

Zip

32807

Country

3. Mailing Office Address

P. O. Box 5745 72

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32857-4572

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2925689

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

Carmen Calderon

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

10471 Coconut Grove Lane

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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

Carmen Calderon

Date

10/08/09

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	Carmen Calderon	10471 Coconut Grove Lane	Orlando, FL 32825
T	Maribel Valdes	1949 Tropic Bay Court	Orlando, FL 32807
SD	Julio Parissi	10471 Coconut Grove Lane	Orlando, FL 32825

REINSTATEMENT 09

B 10/14/09

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 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:

Carmen Calderon - Sister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/09

Date

(409) 249-2329

Daytime Phone #