CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06 JUN -1 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741412

1. Corporation Name

FIRST LATIN AMERICAN PENTECOSTAL CHURCH (ARCA DE SALVACION), INC.

W06 0000021212

REINSTATEMENT 06-06 JSC

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
117 W. Columbus Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
TAMPA, FL	
Zip 33602	Country USA

| 3. Mailing Office Address |
| Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida _1977_

5. FEI Number _13-3404960_ ☐ 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: Antonio Molina Jr

6000762071365
06/14/06--01042--023 **542 50

Street Address (P.O. Box Number is Not Acceptable): 3804 Woodroffe Ct

Suite, Apt. #, Etc.

City: Tampa   State FL   Zip Code 33618

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: Rev. Antonio Molina   Date 5-28-06
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
Sec	Antonio Molina II	27017 Arrowbrick Way	Wesley Chapel FL 33543
Treas	Abelardo Berrios Jr	6497 Covewood Dr	Spring Hill FL 34609

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.

Secretary
SIGNATURE: _____ treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-6   813 994-3163
5/28/06   352-596-5356
Date   Daytime Phone #