

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 - PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004657

1. Corporation Name

Latin-American Council of the Pentecostal
Church of God, Inc.

W07000006937

REINSTATEMENT 03-02

2. Principal Office Address 3810
Indian wood Road.

3. Mailing Office Address 3804
Woodroffe, Court.

Suite, Apt. #, etc.
Apt. #3810

Suite, Apt. #, etc.
#3804

City & State
Orlando, Florida

City & State
Tampa, Florida.

Zip
32808

Country
Orange

Zip
33618-3509

Country
Hillsborough

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

Sept 8 1994

5. FEI Number
13-3404962

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

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

400093743114
03/19/07--01051--003 **490.00

Suite, Apt. #, Etc.
#3804

City

Tampa

State
FL

Zip Code

33618-3509

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

Antonio Molina
REGISTERED AGENT MUST SIGN

Date 1-31-07

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
D	Jose L. Martinez	3810 Indian Wood Rd.	Orlando, Fl 32808
S	Antonio Molina	3804 Woodroffe, Court	Tampa, Fl 33618-3509
T	Edwim M. Perez	2644 Horsehoe Bay Dr.	Kissimmee, Fl. 34741

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:

Antonio Molina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Molina

1-31-07 (813) 960-8734

Date

Daytime Phone #