

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000002426

1. Corporation Name

Iglesia Pentecostal Exodus INC.
Incorporated

2. Principal Office Address

3908 Curry Ford R.D

Suite, Apt. #, etc.

Orlando 71

City & State

Zip

32806

Country

Orange

3. Mailing Office Address

3908 Curry Ford RD

Suite, Apt. #, etc.

Orlando 71

City & State

Zip

32806

Country

Orange

00000038403

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04-12-00

5. FEI Number

59-3706616

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

Providencio Solero

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

7929 Toler Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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

Providencio Solero

Date 10-5-06

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
President	<u>Providencio Solero</u>	<u>7929 Toler Ct</u>	<u>Orlando 71 32822</u>
Vice President	<u>Sharon D. Solero</u>	<u>7929 Toler Ct</u>	<u>Orlando 71 32822</u>
Secretary	<u>Luis Angel Rodriguez</u>	<u>3936 S. Semoran #345</u>	<u>Orlando 71 32822</u>
Treasurer	<u>Ramona Martinez</u>	<u>729 Avondale Ave #8</u>	<u>Orlando 71 32805</u>
Vocal	<u>Carmen Solero</u>	<u>7929 Toler Ct</u>	<u>Orlando 71 32822</u>

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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:

Providencio Solero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-06-407-882-8860

Date

Daytime Phone #

K. Bekei OCT 19 2006