



# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000006584</b> 1. Entity Name <b>PENIEL MISIONARY CHRISTIAN CHURCH WORKING UNITED FOR CHRIST, INC.</b>						<b>FILED</b> <b>04 NOV 22 PM 12:13</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <div style="font-size: 1.2em; margin-top: 10px;">06/14/04 90007012 7000</div> 	
Principal Place of Business <b>307 W. WATER TAMPA, FL 33604</b>				Mailing Address <b>PO BOX 9755 TAMPA, FL 33674-9755</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3651272</b>						<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>MATOS, ERBIS 5103 N. CENTRAL AVE TAMPA, FL 33604</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATOS, ERBIS 5103 N. CENTRAL AVE TAMPA, FL 33604 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRERO, LOIS 5103 N. CENTRAL AVE TAMPA, FL 33604 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			<div style="font-size: 1.5em; opacity: 0.5; transform: rotate(-5deg); position: absolute; top: 0; right: 0;">REINSTATEMENT 04</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES, JUNIOR 5103 N. CENTRAL AVE TAMPA, FL 33604 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERDAS, JUAN 3916 W SPENCE TAMPA, FL 33614 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, GOBERTH 8517 N SEMINOLE AVE TAMPA, FL 33604 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACOSTA, IVONNE 8517 N SEMINOLE AVE TAMPA, FL 33604 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>11/04/04</b> (813 935-8714) <small>Daytime Phone #</small>			

To Whom it may concern

11/04/04

We send THE PEARL REPORT ON TIME  
WITH THE \$70.00 FEED, LATER \$35.00 MORE  
WAS SEND, WE NEED TO GET THE STATUS OF  
OUR CHURCH REINSTATED.

PLEASE AND THANKS  
God BLESS

REV. ERBIS MATOS  
PASTOR

