

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 NOV 22 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000002803

1. Corporation Name

ORLANDO GOSPEL ASSEMBLY, INC.

2. Principal Office Address

121 W OAKRIDGE ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32809

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-05

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

5. FEI Number
59-3732342

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

JEAN R. LALANNE

800061631349

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

121 W OAKRIDGE ROAD

11/22/05--01077--016 ***358.75

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

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

Jean Rene Lalanne

Date 11/09/05

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
P	JEAN R. LALANNE	121 W OAKRIDGE ROAD	ORLANDO, FLORIDA 32809
D	ALFRED L. DAVES	121 W OAKRIDGE ROAD	ORLANDO, FLORIDA 32809
D	JEAN S. LAUTAURE	121 W OAKRIDGE ROAD	ORLANDO, FLORIDA 32809

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 under section 119.07(3)(i), 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:

Jean Rene Lalanne PRESIDENT

Date

11/09/05

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel NOV 23 2005