

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -6 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02000005387**

1. Corporation Name

**PENTECOSTAL CHURCH OF CHRIST LIGHT OF THE WORLD  
WORLD, Inc.**

**REINSTATEMENT 03-04**

**300037942753**  
06/14/04-01060--008 \*\*\$61.25

2. Principal Office Address

**15398 SW Warfield blvd. PO Box 1304**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 1304**

Suite, Apt. #, etc.

City & State

**Indiantown FL**

Zip

**34956**

Country

**USA**

City & State

**Indiantown FL**

Zip

**34956**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/15/2002**

5. FEI Number

**35-2177382**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75-Additional Fee required  
for a Certificate of Status

**04/16/03 90145 030 \$61.25**

**7. Name and Address of Current Registered Agent**

Name

**Rev. Miguel Tomas Antonio**

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

**15006 SW Jackson Avenue**

Suite, Apt. #, Etc.

City

**Indiantown**

State

**FL**

Zip Code

**34956**

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

*[Signature]*

Date **6/07/04**

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
PDD	Antonio, Miguel Tomas	15006 Jackson Ave	Indiantown, FL.34956
SD	Antonio, Francisco A	15006 Jackson Ave	Indiantown, FL.34956
TD	Antonio, Juan Andres	14528 Martin Ave	Indiantown, FL.34956

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/07/2004**

Daytime Phone #

CR2E081 (01/04)

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

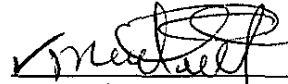
June 7, 2004

To whom it may concern;

By this means we apologize for not been able to pay the annual fee last year. We did not received anything from your office because we change our address last year and the letter you sent was returned to you. We already sent you a letter with the new address and sent you last year fee. We are including the fee for this year and requesting from you that the fine we are supposed to pay be pardon and we promise from now on be on time with our annual report and payments.

Thanks for your attention to this matter.

Respectfully:



Rev. Miguel Tomas Antnio  
15006 Jackson Ave  
Indiantown, FL. 34956