

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005387**

1. Corporation Name

**THE PENTACOSTAL CHURCH LIGHT
OF THE WORLD**

2. Principal Office Address - No P.O. Box #

5938 S.W. WARRIOR BLVD
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1304
Suite, Apt. #, etc.

City & State

INDIANTOWN, FL

City & State

INDIANTOWN, FL

Zip

34956

Country

USA

Zip

34956

Country

USA

02-28-08 90021 004 \$74.90
900151490589
04/21/09--01029--010 **\$61.25

REINSTATEMENT 08-09

**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

7. Name and Address of Current Registered Agent

Name

MIGUEL TOMAS ANTONIO, PRES.

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

15006 S.W. JACKSON AVENUE

Suite, Apt. #, Etc.

City

INDIANTOWN, FL

State

FL

Zip Code

34956

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Miguel Tomas Antonio

REGISTERED AGENT MUST SIGN

Date

4/18/09

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
PRES.	MIGUEL TOMAS ANTONIO	15006 S.W. JACKSON AVE	INDIANTOWN, FL 34956
SEC.	FRANCISCO ANTONIO	15454 S.W. 151 ST.	INDIANTOWN, FL 34956
TREAS.	JUAN ANTONIO	15435 S.W. 151 ST.	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 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:

Francisco Antonio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC.
FRANCISCO ANTONIO

Date

4/18/09

Daytime Phone #

772-647-0711