

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR -2 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006245

**1. Corporation Name**

INDEPENDENT PENTECOSTAL CHURCH, INC.  
4827 N FAIRWAY DRIVE  
PUNTA GORDA FL 339

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

03-04

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

**5. FEI Number**

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

LIPARULO, DAVID J

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

1561 LOGSDON ST

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34287

200031700482

04/02/04-01902-011-44297 50

**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

REGISTERED AGENT MUST SIGN

Date

3/26/04

**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
D	SURGEON, DELORIS	12563 EASHA BLVD	PUNTA GORDA FL 33955
D	POSSA, JORGE PASTOR	2455 PELLAM BLVD	PUNTA GORDA FL 33948
D	CROY, DIANA	7524 GEWANT BLVD	PUNTA GORDA FL 33982

**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:

*Deloris M Surgeon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2004

Date

941-639-1914

Daytime Phone #

CR2001 (01/04)