

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 29 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04480**

1. Corporation Name
Pentecostal Church Alpha and Omega Inc.

200104106502
06/08/07--01005--010 **420.00

REINSTATEMENT
CRZE081 (1/07)

2. Principal Office Address - No P.O. Box #
3004 N. 10th ST

3. Mailing Office Address
3004 N. 10th AVE

Suite, Apt. #, etc.

City & State
Tampa FL 33605

Zip Country
33605 USA

4. Date Incorporated or Qualified To Do Business in Florida
7/31/84

5. FEI Number
59-2887768

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOAQUIN BONILLA

Street Address (P.O. Box Number is Not Acceptable)
2531 W MAIN ST

Suite, Apt. #, Etc.

City State Zip Code
TAMPA FL 33607

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 **Joaquin Bonilla** Date **5/23/07**

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/D	Bonilla, Joaquin	2531 W MAIN ST	TAMPA FL 33607
V/D	Millet, Victor	3512 N. 9 th St.	Tampa FL 33605
S/D	Birriel, Noemi	410 Emma Street	Tampa, FL 33603
T/D	Rodriguez, Pura E.	2208 N. Highland Ave	Tampa, FL 33602
C	Hernandez, Daniel	2938 W. Beach St	Tampa FL 33607

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: **Joaquin Bonilla** Date **5/23/07** Daytime Phone # **813 870 6305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR