

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N04480**

1. Corporation Name

**PENTECOSTAL CHURCH ALPHA AND OMEGA, INC.**

Principal Place of Business

Mailing Address

3004 N. 10TH STREET  
TAMPA FL 33605-1702

3004 N. 10TH STREET  
TAMPA FL 33605-1702

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/1984

5. FEI Number

59-2887768

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BONILLA, JOAQUIN	2531 W MAIN STREET	TAMPA FL 33607
VD	PACHECO, ALBERTO	2211 VALLEY BROOK AVENUE	VALRICO FL 33594
SD	BIRRIEL, MIGUEL	410 EMMA STREET	TAMPA FL 33603
DT	PACHEO, LYDIA	4917 CRETHILL DRIVE	TAMPA FL 33615
P	LOPEZ, IRMA	2508 E HANNA APT 213	TAMPA FL 33610

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONIN, JOAQUIN  
2531 W MAIN STREET  
TAMPA FL 33607

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

900024104309  
10/27/03--01025--008 \*\*236.25

Date

REGISTERED AGENT MUST SIGN

11. 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

*Joaquin Bonilla* JOAQUIN BONILLA Pres. 10/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)