

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1137084**

1. Corporation Name

ORLANDO CHRISTADELPHIAN ECCLESIA, INC.

2. Principal Office Address
4540 CANNA DR

3. Mailing Office Address
4540 CANNA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32839

Country
USA

Zip
32839

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/15/90

5. FEI Number
593042345

Applied For
Not Applicable

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

REINSTATEMENT 96-05

7. Name and Address of Current Registered Agent

Name
ISAAC J SCOTT

Street Address (P.O. Box Number is Not Acceptable)
4540 CANNA DRIVE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32839

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

Isaac J Scott

Date 05/27/2005

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/T/D	ISAAC J. SCOTT	4540 CANNA DR	ORLANDO/FL/32839
D	SAMUEL STRUNK	5391 N.W. 19TH PLACE	OCALA/FL/34482
D	WILLIAM NYLIN	176 CALLIOPE ST	OCOE/FL/34761
D	RANDY DAVENPORT	4100 COVE DRIVE	ORLANDO/FL/32812
D	JACK GREEN	1851 N.W. 55TH AVE RD	OCALA/FL/34482

100055657581

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:

Isaac J Scott

ISAAC J. SCOTT

05/27/2005

407-351-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)