

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50962

1. Corporation Name

TEMPLO ADONAI ASAMBLEAS DE DIOS, INC.

Principal Place of Business

Mailing Address

3600 MCNEIL ROAD
ALTAMONTE SPRINGS FL 32714

3600 MCNEIL ROAD
ALTAMONTE SPRINGS FL 32714

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1992

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VARGAS, DAVID	3600 MCNEIL ROAD	ALTAMONTE SPRINGS FL 32714
SD	ZALDIVAR, BETTY	3600 MCNEIL ROAD	ALTAMONTE SPRINGS FL 32714
TD	RIVERA, EDWIN VARGAS, CARMEN	3600 MCNEIL ROAD	ALTAMONTE SPRINGS FL 32714
			800004628338--0 -10/09/01--01021--011 *****61.25 *****61.25
			800004628338--0 -10/09/01--01021--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

VANDERWATER, GLENN T
378 WHOOPING LOOP., SUITE 1272
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name: Glenn T. Vanderwater
Street Address (P.O. Box Number is Not Acceptable):
378 Center Point Circle
Suite, Apt. #, Etc.: Suite 1272
City: Altamonte Springs
State: FL Zip Code: 32701

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.

Signature of
Registered Agent

Glenn T. Vanderwater
REGISTERED AGENT MUST SIGN

Date 10/1/01

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:

Glenn T. Vanderwater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/01 407-2950898

CR2E040 (8/00)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Templo Adonai ASamblens
De DIOS, Inc.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
✓ ____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
✓ ____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

RECEIVED
01 OCT -2 AM 10:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: CD 10-201 11:00
Name Date Time

Walk-In _____ Will Pick Up _____