PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50962

1. Corporation Name
Templo Adonai Asambleas De Dios Inc/
Templo Adonai Assembly of God, Inc

REINSTATEMENT
07-21-04 01090 008 $ 183.75

2. Principal Office Address	3. Mailing Office Address
3600 McNeil Rd	3600 McNeil Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apopka FL	Apopka FL
Zip: 32703 Country: Seminole	Zip: 32703 Country: Seminole

4. Date Incorporated or Qualified to Do Business in Florida: 9/17/92

5. FEI Number: Not Applicable — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carmen Vargas
Street Address (P.O. Box Number is Not Acceptable): 330 N. Shadowbay Blvd.
Suite, Apt. #, Etc.:
City: Longwood — State: FL — Zip Code: 32779

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: Carmen Vargas — Date: 7-16-04
REGISTERED AGENT MUST SIGN

CR2E086 (01/04)

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
PD	Vargas, David	3600 McNeil Rd.	Apopka, FL 3270
SD	Zaldivar, Betty	3600 McNeil Rd	Apopka, FL 32703
TD	Vargas, Carmen	330 N. Shadowbay Blvd	Longwood, FL 3277

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: David Vargas — DAVID VARGAS — 7-16-04 — 407-869-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #