

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 26 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N95000000270

**1. Corporation Name**

WORLD CHURCH OF GOD, INC

**2. Principal Office Address**

P.O. Box 350427

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

Country

33135

USA

City & State

Zip

Country

**REINSTATEMENT** 96-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/19/ 1995

**5. FEI Number**

65-0548033

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Luis Ortega

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

1521 SW 2nd Street #5

Suite, Apt. #, Etc.

#5

City

Miami

State

FL

Zip Code

33135

**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

*Luis Ortega*

REGISTERED AGENT MUST SIGN

Date

9/2/00

**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
D	Luis Ortega	1521 SW 2nd St #5	Miami, Fl 33135
D	Juan Fajardo	15 Alhambra Circle 14	Coral Gables 33134
D	Rafael Marchena	1735 NW 15 Street	Miami, Fl 33128
D	Aldo Perez	204 NW 12 Ave	Miami, Fl 33128
D	Alberto Basil	1610 SW 17 Ave	Miami, Fl 33135

**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:**

*Luis Ortega* Luis Ortega  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/2/00

Daytime Phone #

(305) 815-4346