PLEASE READ ALL INSTRUCTION	IS BEFORE COMPLETING THIS FORM.
1 1 2 1	MENT OF STATE
FOR Sandra B. M	lortham a. a. 36
DEINISTATEMENT Secretary of	60100 i
DIVISION OF COR	SECHETARY OF STATE SECHETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N9700001969	SEPHETARY FLORIDA
1. Corporation Name	TALLAMOS
IGLESIA CRISTIANA RESPLANDECE, INC.	
Principal Place of Business Mailing Address	
4518-6 DEL PRADO BLVD 4518-6 DEL PRADO BLVD	
CAPE CORAL FL 33904 CAPE CORAL FL 33904	1 (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	RENSTATEMENT OF
If above addresses are incorrect in any way, line through incorrect information and en  2. New Principal Office Address, If Applicable  3. New Mailing Office Address	
UNI+5#354/	before was #6) To Do Business in Florida 04/08/1997
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. FEI Number Applied For
City & State  CAPE CORAL FL. City & State	65-0782390 Not Applicable
Zip Country Zip Cou	ontry  6.  CERTIFICATE OF STATUS DESIRED Status for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corp	and the second s
Name of Officers	Street Address of Each
	Officer and/or Director City / State / Zip Use Post Office Box Numbers) 4
PRES ROSA M. DENIS "D" CAPE	3.6. 1337.
PRES ROSA M. DENIS D CAPE	CORAL FLA CAPECORAL FLA. J39%
V-RES ANA MARIA LEODD 101 N	W. V6 AUZ. Migni FRA. 33 PRC
v **	
SEC MARIA ELENACASTATODICOL	J.W. 19 TERR BAPE CORAL PL 33991
	•
	4000027097845
	-12/11/9801022020
-	****245.00 ****245.00
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent Name
DENIS, ROSA M	···
4518-6 DEL PRADO BLVD,.	Street Address (P.O. Box Number is Not Acceptable)  Suite. Ant. # Etc.
CAPE CORAL FL 33904	Suite, Apt. #, Etc.
	City State Zip Code
10. I, being appointed the registered agent of the above named corporation, am famillar	with and accept the obligations of Section 607 0505 F.S.
Signature of PRE REO	111PFD 11-18-98
Registered Agent	Date
11. This corporation owes or has paid the current year	
Intangible Personal Property tax due June 30. Yes No	
12. 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: SIZE REQUIRED 148-98 941 - 549-2107	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date	