

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



W04900010673  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 31 PM 3:50

DOCUMENT # N. 99000002417

**1. Corporation Name**

CASA DE ALABANZA / HOUSE OF  
PRAISE  
INC.

**2. Principal Office Address**

Suite, Apt. #, etc.

9612 N. 26th ST.

City & State

TAMPA FL

Zip Country

33612

**3. Mailing Office Address**

Suite, Apt. #, etc.

9612 N. 26th ST.

City & State

TAMPA FL

Zip Country

33612

400030467744  
03/15/04--01033--022 \*\*428.75

REINSTATEMENT 00-04

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

04/01/1999

**5. FEI Number**

59-3569525

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

LINKOUS, J. JUANVELL

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

9012 COBELAND ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33637-5102

**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

J. Juanvell Linkous

REGISTERED AGENT MUST SIGN

Date 7/6/18, 2004

**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/C/D	ISRAEL TORRES SR.	16156 COMPTON BALM DR.	TAMPA, FL 33647-1531
S/D	MARIA TORRES	16156 COMPTON BALM DR.	TAMPA, FL 33647-1531
T/D	NELSON DELGADO	10219 N. OTIS DR.	TAMPA, FL 33617-3933

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISRAEL TORRES SR. 2/18/04

Date

Daytime Phone #

813/915-3475

CR2E081 (10/02)