

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT -9 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 099000002966

1. Corporation Name

Storehouse Ministry of Orlando, Inc

**REINSTATEMENT**

2. Principal Office Address

2001 Mordock Blvd

3. Mailing Office Address

2001 Mordock Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32825

Country

USA

Zip

32825

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/10/1999

5. FEI Number

593-573-750

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

Peter A Vwalldi, Jr.

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

2001 Mordock Blvd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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

REGISTERED AGENT MUST SIGN

Date

10/7/02

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	Peter A Vwalldi, Jr	10609 Huntridge Rd	Orlando, Fl. 32825
D	Victor Diaz	12151 Watustone Ct. Apt 800	Orlando, Fl. 32825
D	Samuel Perez	636 Canary Isl.	Orlando, Fl. 32828
O	Cynthia Brignori	4283 E. Michigan St	Orlando, Fl 32812
O	Jorge Rivera	1124 Covington St	Orlando, Fl 32765
O	Jaime Mercado	10239 Comfort Circle	Orlando, Fl 32825

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

Peter A Vwalldi, Jr

Date

10/7/02

Daytime Phone #

407-447-5134

CR2E081 (9/01)