

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N99000003469

1. Corporation Name

Orlando Tabernacle of Prayer

**REINSTATEMENT** 00-01

2. Principal Office Address

Suite, Apt. #, etc.

3519 Calloway Dr.

City & State

Orl, FL

Zip

32810

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

PO Box 608212

City & State

Orl, FL

Zip

32860

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

June 1, 1999

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

04/13/00 90049 025-6125

7. Name and Address of Current Registered Agent

Name

Pastor John Elias Padilla

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

3621 Falling Leaf Ln

Suite, Apt. #, Etc.

City

Orlando

300003923623-4

-03/28/01-01042-018

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State

FL

Zip Code

32810

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

*John Elias Padilla*

REGISTERED AGENT MUST SIGN

Date 3-19-01

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

Secretary

Raquel Rivera

3519 Calloway Dr.

Orl, FL 32810

Treasurer

Altagracia Arcand

3519 Calloway Dr.

Orl, FL 32810

Manager

Manuel Rojas

3519 Calloway Dr.

Orl, FL 32810

President

Pastor John Elias Padilla

3519 Calloway Dr.

Orl, FL 32810

3/12/01

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:

*John Elias Padilla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 407-294-6520

Date

Daytime Phone #

CR2E081 (9/00)