	DI EAS	-E DEAD A	II INICT	DUCTIONS	DEEODE O	OMDI ETI	NG THIS FORM.	
	PLICATION FOR STATEMENT		FLORIDA	A DEPARTMEN  Katherine Ha  Secretary of Si  VISION OF CORPOR	IT OF STATE rris tate		FILED SEURETARY OF STATE VISION OF CORPORATION	
DOCUMENT # N47323  1. Corporation Name						00 DEC 18 AM 10: 57		
EBENEZER INDIA PENTECOSTAL CHURCH, INC.						4000035147947 -12/28/0001004003 *****236.25 *****236.25		
4040 E 540A 404				io e 540a (Eland Fl. 33813				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  BRENBIEL JNDIA - PENTIRCH								
City & State City & State Hills			Suite, Apt. #, HURCH City & State HiBs H	LOND City Au 6			59-3110620 Applied For Not Applicable	
Zip 7. Names	Country and Street Addresses of E				3846	CERTIFICATE		onal Fee required icate of Status
Title(s)				Street Address of Each Officer and/or Director			4 City / State / Zip	
D	ORLAND 356 RED ROSE CIR ORLAND				RED ROSE CURCLE HIDO FL-32835		URLAMO 41-32835	
D					16 TIERRA VISTA CIRCLE		LAKELAND_FL_33813	
DS	GEORGE STREETS ASSESSED ASSESS				SUNNYLANDED R. S.L.C.		TENDEDE AFTONODAL	
D	BABY. GEORGE CHAKOCHAN-T- 4220 SINNS				AT LEH MAN .CT		LAKELAND FL 93813	
D	CH <u>acko, mathe</u> n GEORGE EAPEN			3031 WHITE DOVE DRIVE 3746- FEATHER DR.		LAKELAND FL 338/3		
D					X LANK		TAKELAND FL-93813- LAKELAND -FL 33813	
4206 SUNNY GLEN DR.  66.3.3 Suite Ant # Etc.						P.O. Box Number is Not Acceptable)  KITTY FOX LANE,		
City State Zip Code 77813								
10. I, being Signature o Registered	ıt 🦅	AD O	ppag		SREKETM		Date	100
11. I certify that I am an officer 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 filling 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 DE DIRECTOR Date Daytime Phone #								