

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # N01000000831

1. Corporation Name

HOLY PEOPLE/PUEBLO SANTO/BOMBILLOS DE CRISTO, INC.

Principal Place of Business

Mailing Address

1106 11TH WAY
W PALM BCH FL 33407

~~1106 11TH WAY~~
~~W PALM BCH FL 33407~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. BOX 17387

WEST PALM BEACH, FL

33416 USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number

65-1049453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CANO, PETER G	1106 11TH WAY	W PALM BCH FL 33407
VD	SOSA, JUAN C	7773 NEMEC DR S	ROYAL PALM BCH FL 33406
DST	OZORIA, DANIEL J	1106 11TH WAY	W PALM BCH FL 33407

8. Name and Address of Current Registered Agent

CANO, PETER G
1106 11TH WAY
W PALM BCH FL 33407

9. Name and Address of New Registered Agent

Name JUAN C. SOSA
Street Address (P.O. Box Number is Not Acceptable)
1106 11TH WAY
Suite, Apt. #, Etc.

City West Palm Beach

State

FL

Zip Code

33407

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/04/03

11. 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

JUAN C. SOSA

Date

11/04/03

Daytime Phone #

(561) 4715717

CR2E040 (7/03)



PUEBLO SANTO



P.O. Box 17387 West Palm Beach, FL 33416-7387 ☎ (561) 712-1777 / Fax: (561) 471-1702

"Shining the LOVE of JESUS, Sharing the LOVE of CHRIST"

November 7, 2003

TO: FLORIDA DEPARTMENT OF STATE
Division of Corporations

Re: Waiver of Late Fee due to failure of receiving the UBR / Uniform Business Report Form because of wrong mailing address.

Please be advised that our mailing address in your records is incorrect.

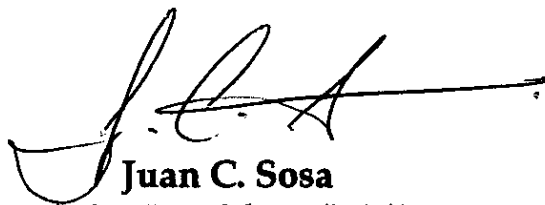
The correct mailing address is:

PUEBLO SANTO
P. O. Box 17387
West Palm Beach, FL 33416-7387

FEI # 65-1049453

In accordance with our phone call to us on November 5th, please accept this request to have the late "reinstatement" fee waived. Enclosed is a check for \$61.25 for the Annual Report Fee of our non-profit corporation. Thank You!!

Sincerely,


Juan C. Sosa
(Vice President (VD))