

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005667

1. Corporation Name

IGLESIA REFUGIO DE AMOR - ASAMBLEAS DE DIOS, CLERMONT, FLORIDA, INC.

Principal Place of Business

478 E HWY 50
CLERMONT FL 34765

Mailing Address

478 E HWY 50
CLERMONT FL 34765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/25/2002

5. FEI Number

32-0044363

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
	V-D SYMPHORIEN LUCILIA, M	478 E HWY 50	CLERMONT FL 34765
TD	RODRIGUEZ, AHIMELEC	478 E HWY 50	CLERMONT FL 34765
D	SYMPHORIEN, ELY F	478 E HWY 50	CLERMONT FL 34765
P	SYMPHORIEN, FRANCISCO F	478 E HWY 50	CLERMONT FL 34765

400024343774
10/31/03-01109-007 **\$1.25

8. Name and Address of Current Registered Agent

SYMPHORIEN, FRANCISCO G
7701 GROVELAND FARM ROAD
GROVELAND FL 34736

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/26/03

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:

FRANCISCO SYMPHORIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/03
Date

352-243-3141
Daytime Phone #

CR20040 (7/03)

Iglesia Refugio de Amor

Assembly of God

478 W. Hwy 50 ,Clermont ,Fl. 34711

Tel. 352-243-3141

Florida Department of State:

Glenda E. Hood;

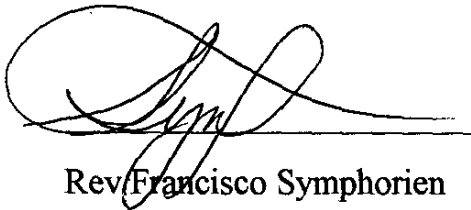
Mrs:

Could you accept this application to reinstate this non-profit Corporation. We were unaware that we had to renew each year ,and we did not received the UBR notice.

Could you please waived the reinstate fee. I would be very great full ,because this is a very small and new church with a small congregation..

Thank you very much and may God bless you.

I am your sincerely



Rev. Francisco Symphorien