PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 31 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005667**

1. Corporation Name

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

Principal Place of Business	Mailing Address
478 E HWY 50 CLERMONT FL 34765	478 E HWY 50 CLERMONT FL 34765

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

REINSTATEMENT 03

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

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	[redacted] 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

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SYMPHORIEN, FRANCISCO G 7701 GROVELAND FARM ROAD GROVELAND FL 34736	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 REQUIRED — 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: SIGNATURE REQUIRED FRANCISCO SYMPHORIEN 10/26/03 352-243-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Iglesia Refugio de Amor

A ssambly 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