

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JAN 21 AM 11:27

DOCUMENT # N02000006648

1. Corporation Name

Santo Nino Devotion of Palm Beach County, Inc.

2. Principal Office Address - No P.O. Box #

5294 Fox Trace

Suite, Apt. #, etc.

3. Mailing Office Address

5294 Fox Trace

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33417

Country

USA

Zip

33417

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/13/02

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gerald Z. Rossow, Esq.

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

4400 PGA Boulevard

Suite, Apt. #, Etc.

Suite 900

City

Palm Beach Gardens

State

FL

Zip Code

33410

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Gerald Z. Rossow
REGISTERED AGENT MUST SIGN

Date December 16, 2008

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
P/D	Jose Guardiario	5294 Fox Trace	West Palm Beach, FL 33417
VP/D	Ophelia Lopex	5208 Fox Trace	West Palm Beach, FL 33417
S/D	Alma Lander	11809 Greenbriar Circle	Wellington, FL 33414
T/D	Leonora Deguzman	12563 Pineacre Lane	Wellington, FL 33409
D	Betty Otterman	12563 Pineacre Lane	Wellington, FL 33414
D	(see attached sheet)		

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 contained in Chapter 119, 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:

Jose Guardiario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/2008

Daytime Phone #

561 682-2594

REINSTATEMENT 04-09

DIRECTORS OF SANTO NINO DEVOTION OF PALM BEACH COUNTY, INC.

Mercedita Abellana, 12363 Temple Blvd., West Palm Beach, FL 33412

Elva Soquena, 1224 Pinesage Circle, West Palm Beach, FL 33409

Flor Gonzalez, 1574 Yarmouth Avenue, Wellington, FL 33414

Eric Villanueva, 1034 Aspri Way, Palm Beach Gardens, FL 33418

Arsenia Sabusap, 4105 Torres Circle, West Palm Beach, FL 33409

Rodolfo Sta. Ana, 2375 Waburton Terrace, Wellington, FL 33414