

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 23 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000004973

1. Corporation Name

Faro De Luz Ministerio Inc

W09-78259

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

2115 Plunkett Court

Suite, Apt. #, etc.

3. Mailing Office Address

2115 Plunkett Court

Suite, Apt. #, etc.

City & State

Hollywood Fla

City & State

Hollywood Fla

Zip

33020

Country

Broward

Zip

33020

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2006

5. FEI Number

01-0868259

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge Figueroa

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

6445 Pembroke road

Suite, Apt. #, Etc.

954-638-5971

City

Hollywood

State

FL

Zip Code

33023

☒ 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 617.0603, F.S.

Signature of
Registered Agent

Jorge Figueroa

REGISTERED AGENT MUST SIGN

800156653208

06/02/09--01008--011

Date

**300.00

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	Jorge Figueroa	2115 Plunkett Court	Hlwd Fl 33020
VP	Yvette Figueroa	2115 Plunkett Court	Hlwd Fla 33020
D	Luis French	11201 SW 55 th Str Unit 171	Miramar Fla 33025
D	Zulekya French	11201 SW 55 th Str Unit 171	Miramar Fla 33025
D	Mario Ulloa	5246 NE 192 LN	Mia Fla 33055
T	Yolanda Gomez	5295 NW 192 LN	Miami Garden Fla 33055

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 118, 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: *Jorge Figueroa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 638 5971