

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

14 JAN 15 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09000009878

1. Corporation Name

Cristiana
IGLESIA UN NUEVO COMIENZO, INC.

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

6179 SW 81ST ST

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34476

Country

USA

3. Mailing Office Address

6179 SW 81ST ST

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34476

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2009

5. FEI Number

94-3488750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OMAR BONILLA SR.

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

6179 SW 81ST ST

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34476

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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

Date 01/12/2014

REGISTERED AGENT MUST SIGN

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	OMAR BONILLA SR.	6179 SW 81ST ST	OCALA/FLORIDA/34476
VP	CARMEN I. SANTANA	5419 SW 100TH LOOP	OCALA/FLORIDA/34476
REINSTATEMENT 2010-2014			

10. E-mail Address: OMAR0208@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Omar Bonilla
Omar Bonilla

01/12/2014

352-484-9284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #