

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003403

1. Corporation Name

THE HISPANIC CHURCH OF GOD (SEVENTH DAY), INC.

Principal Place of Business

113 SOUTH FIRST STREET
HAINES CITY FL

Mailing Address

113 SOUTH FIRST STREET
HAINES CITY FL

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

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

REINSTATEMENT

97-98

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1996

5. FEI Number

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HUERTA, AARON	412 22ND STREET	HAINES CITY FL 33844
VD	MEDRANO, ELIEZER	108 WEST SOUTH AVENUE	TAMPA FL 33603
SD	MEDRANO, SAMUEL	108 WEST SOUTH AVENUE	TAMPA FL 33603
TD	CHAPARRO, SELEDONIO	412 22ND ST	HAINES CITY FL 33844
D	RODRIGUEZ, TOMAS	4570 CARL BOOZER	HAINES CITY, FL 33844
PD	GONZALES, ANTONIO	427 22ND STREET	HAINES CITY, FL 33844

8. Name and Address of Current Registered Agent

REILLY, ANDREW R
95 SOUTH 10TH STREET
HAINES FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Antonio Gonzalez

REGISTERED AGENT MUST SIGN

Date 01/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Antonio Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/98

Date

(941)422-5978

Daytime Phone #

CR2040 (05/7)