

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 FEB 13 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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REINSTATEMENT 97-98

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		4. Date Incorporated or Qualified To Do Business in Florida 06/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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	RODRIGEZ, 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	6000002432866-2	
Street Address (P.O. Box Number is Not Applicable)	02/17/98-01057-008	
Suite, Apt. #, Etc.	****297.50 ****297.50	
City	State FL	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: *Andrew R. Reilly* Date: **01/19/98**
REGISTERED AGENT MUST SIGN

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* Date: **01/19/98** (941)422-5978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/87)