

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000005018

1. Corporation Name

Iglesia Mision Cristiana La Familia
de LA FE, INC.

2. Principal Office Address

11908 N. Central Ave

3. Mailing Office Address

P.O. Box 16034

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33612

Country

USA

Zip

33687

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1998

5. FEI Number

650932644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carmen M. Villegas

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

17629 Whistling Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33549

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

[Signature]

Date

08/21/00

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/D	Carmen M. Villegas	17629 Whistling Lane Tampa FL 33549	Tampa FL 33549
V	Maria C. Guzman	4609 E. Linebaugh Ave	Tampa FL 33617
T/D	Rafael Alvarez	5223 Matador Ct. #4	Tampa FL 33617
S	Maria Alvarez	5223 Matador Ct #4	Tampa FL 33617
D	Eduardo Villegas	4609 E. Linebaugh Ave	Tampa FL 33617

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 under section 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] (RAFAEL ALVAREZ)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

Date

813-988-8030

Daytime Phone #

CR2E081 (9/99)

La Iglesia De Dios

La Familia de la Fe
P.O. Box 16034
Tampa, FL 33687
813-988-8030

262

N98000005018

7/31/00

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Iglesia Mision Cristiana La Familia de la Fe, Inc.
Ref. Number: N98000005018

To Whom It May Concern:

This letter is in reference to above subject matter. It seems that this Corporation as of 9/99 was dissolved due to failure on the Annual Report. I am enclosing a copy of a letter sent to us dated 3/4/99, acknowledging receipt of annual report and payment for \$61.25. Payment was accepted yet, when I called in to retrieve information on this corporation, I was told that I owed a \$175 reinstatement fee and the \$61.25 filing fee for the year 1999. This I do not understand, how after paying the filing fees for 1999, I am required to pay for another filing fee in addition to a reinstatement fee.

In all honesty, I do not feel that we should have to pay a reinstatement fee plus another filing fee for the year 1999. Nor do I feel that we should be penalized for this year also. Which is why I am requesting that the reinstatement fees be waived and am enclosing a check for \$61.25, the filing fee for the year 2000.

If you have any questions or concerns, please feel free to contact me at 813-988-8030, Monday-Friday 8-5pm Eastern Standard Time.

Thank you for your time and cooperation.



Rafael Alvarez
Administrator

Enclosure