

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--

**FILED**

98 DEC 17 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000747**

1. Corporation Name

**THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE INTERNACIONAL), INC.**

Principal Place of Business

Mailing Address

5854 W UNIVERSITY BLVD  
JACKSONVILLE FL 32216

P.O. BOX 19696  
JACKSONVILLE FL 32245



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

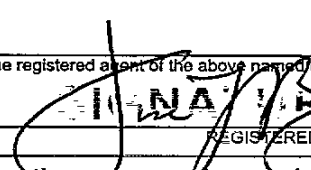
2. New Principal Office Address, If Applicable <b>1820 Monument Rd.</b>		3. New Mailing Office Address, If Applicable <b>P.O. Box 35537</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>02/14/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. Box 35537</b>		5. FEI Number <b>59-3256752</b>	
City & State <b>Jacksonville, FL.</b>		City & State <b>Jax., FL.</b>		Applied For Not Applicable	
Zip <b>32225</b>	Country <b>USA</b>	Zip <b>32235</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
D	BOSQUE, JOSE L	1030 BAISDEN RD	JACKSONVILLE FL 32218
D	BOSQUE, CARLOS	1020 BAISDEN RD	JACKSONVILLE FL 32218
D	BOSQUE, MARIO	1000 BAISDEN RD	JACKSONVILLE FL 32218
D	PACHECO, NELSON	8065 BUCHANON CT	JACKSONVILLE FL 32244
D	MORALES, ARIEL	7819 LADY SMITH LN.	JACKSONVILLE FL 32244
T	MENA, JORGE	11485 MANDARIN GLEN CIR. E.	JACKSONVILLE FL 32223

8. Name and Address of Current Registered Agent <b>BOSQUE, JOSE L 1030 BAISDEN RD JACKSONVILLE FL 32218</b>	9. Name and Address of New Registered Agent Name <b>REINSTATEMENT</b> Suite, Apt. #, Etc. <b>1820 Monument Rd.</b> City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32218</b>
--	---

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  **JOSE L. BOSQUE** Date **12/14/98**

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:  **JOSE L. BOSQUE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/14/98** Daytime Phone # **904-928-9000**

CR2E040 (9/98)