

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47411**

1. Corporation Name

**Iglesia Alianza Cristiana y Misionera,
Kissimmee, Inc.**

2. Principal Office Address

2617 Michigan Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 450141

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee FL

Zip

FL

Country

34744

Zip

34745-0141

Country

REINSTATEMENT 03-04

500029333935

02/25/04--01008--021 **122.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-18-1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Jorge Ivan Rivera

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

1322 OAK GROVE CT.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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]

REGISTERED AGENT MUST SIGN

Date

2-17-04

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
DO	Jorge Ivan Rivera	1322 OAK GROVE CT	Kissimmee, FL 34744
DV	Jorge Cuevas	2409 HATHON CHASE LN	Kissimmee, FL 34744
T	Glenda Rodriguez	3510 FORREST RIDGE LN	Kissimmee, FL 34741
S	Lourdes Swingle	2329 CATHERINE ST	Kissimmee, FL 34741
TR	ELIAT APONTE	472 NOTREDAME DR	Altamonte Springs FL 32714
TR	Julio Izurieta	220 BAYHEAD DR.	Kissimmee FL 34743

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-04

Daytime Phone #

407-846-3061

FILED

04 FEB 25 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/04)



IGLESIA ALIANZA CRISTIANA Y MISIONERA
P. O. Box 450141
KISSIMMEE, FL 34745-0141
407-846-3061

February 17, 2004
Kissimmee, Florida

To whom it may concern;

During a routine check of our incorporation papers (document-N47411) our office realized that we were missing the 2003 and 2004 applications. We believe that the documents may have been sent to our former address as we never received the documents. Our address changed to 2617 Michigan Avenue, Kissimmee Florida, 34745.

Your office instructed us to submit the reinstatement application along with this letter and the appropriate fee. Enclosed are such documents.

We appreciate your prompt attention in this matter;

Respectfully;


Rev. Jorge Ivan Rivera
Director