

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000005572**

1. Corporation Name

AMOR EN ACCION MINISTRIES, INC.

Principal Place of Business

7220 WEST 30TH COURT
HIALEAH FL 33016

Mailing Address

7220 WEST 30TH COURT
HIALEAH FL 33016

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2002

5. FEI Number

48-1267736

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 3	City / State / Zip 4
PD	MAQUEIRA, DANILO	6147 S.W. 34 COURT	Davie, FL 33314
VD	RODRIGUEZ, RAFAEL	19342 S.W. 119 COURT	Miami FL 33177
SD	DIAZ, MERCEDES	1910 W. 56 ST APT. 3110	Hialeah FL 33012
TD	CANALES, SANTOS P	7220 WEST 30TH COURT	HIALEAH FL 33016
			000024344050 10/31/03--01109--015 **61.25

8. Name and Address of Current Registered Agent

CANALES, SANTOS P
7220 WEST 30TH COURT
HIALEAH FL 33018

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/28/03**

11. 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 REQUIRED
Santos P. Canales TD

10/28/03

Date

Daytime Phone #



P.O. Box 161143
Hialeah, FL 33016-161143
Email: amorenaccion@bellsouth.net

Telephone	(305)827-9414
Cell	(305)984-4543
Cell	(754)366-1530

October 28, 2003

Florida Department of State
Division of Corporation
Tallahassee, FL 32399

Ref: Amor En Accion Ministries, Inc.
Doc. # N02000005572

To Whom It May Concern:

We are writing this letter because our Uniform Business Report, was never Received during the year 2003. We have enclosed a reinstatement with the fees due For 2003. We Ask that You please waive the penalty, because the reports were never Received. We apologize for any inconvenience this may cause You.

Your prompt attention will be greatly appreciated.

Thank You.



Santos P. Canales TD
Registered Agent.