

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700705

1. Corporation Name

WESTWOOD METHODIST CHURCH INC

2. Principal Office Address - No P.O. Box #

10780 SW 56TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

10780 SW 56TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

Zip

33165

Country

USA

7. Name and Address of Current Registered Agent

Name

KAREN MELISSA AGUIRRE

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

10780 SW 56TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Karen M. Aguirre

REGISTERED AGENT MUST SIGN

Date **02/08/2012**

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	AMBAR RAMIREZ	10780 SW 56TH ST	MIAMI, FLORIDA. 33165
V	ERVIN OLIVEROS	10780 SW 56TH ST	MIAMI, FLORIDA. 33165
S	EMILIO FERRER	10780 SW 56TH ST	MIAMI, FLORIDA. 33165
T	AIXA FERRER	10780 SW 56TH ST	MIAMI, FLORIDA. 33165
		REINSTATEMENT	
		1979-2012 (2,257.50)	S. HAWKES

10. E-mail Address: **ERVINLILY@YAHOO.ES**

(To be used for future annual report notification)

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., and 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Ervin Oliveros

ERVIN OLIVEROS

02/08/2012

786-201-6049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
12 FEB 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **04/01/1960**

5. FEI Number

700705230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800222169098
02/24/12--01024--023 **61.25

800222169098
02/16/12--01027--009 **2196.25