

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712651**

**1. Corporation Name**

**MIAMI LATIN CHURCH OF GOD, INC.**

**2. Principal Office Address - No P.O. Box #**  
**3800 LK UNDERHILL ROAD**

Suite, Apt. #, etc.

**City & State**  
**ORLANDO, FL**

**Zip**  
**Country**  
**USA**

**3. Mailing Office Address**  
**12472 LK UNDERHILL ROAD**

Suite, Apt. #, etc.

**#404**

**City & State**  
**ORLANDO, FL**

**Zip**  
**Country**  
**USA**

**FILED**  
**09 FEB -9 AM 10: 53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**200143190892**  
**02/09/09--01058--002 \*\*428.75**

**REINSTATEMENT 06-09**

**4. Date Incorporated or Qualified To Do Business in Florida** **4/26/1967**

**5. FEI Number** **59 0766968** ☐ 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**  
**RAFAEL RUIZ**

**Street Address (P.O. Box Number is Not Acceptable)**  
**501 WATERSCAPE WAY**

Suite, Apt. #, Etc.

**City**  
**ORLANDO, FL**

**State** **Zip Code**  
**FL 32828**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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**

**REGISTERED AGENT MUST SIGN**

**Date** **FEBRUARY 2, 2009**

**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
PD	RAFAEL RUIZ	501 WATERSCAPE WAY	ORLANDO, FL 32828
SD	REBECA LIZARDO	119 CORALWOOD CIRCLE	KISSIMMEE, FL 34743
TD	GUILLERMO J. REYES	11269 SPINNING REEL CIRCLE	ORLANDO, FL 32825

**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 contained in Chapter 119, 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:**

**RAFAEL RUIZ**

**02/03/2009**

**407-761-7460**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**