

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -1 PM 2:19

DOCUMENT #714378

1. Corporation Name

MISSIONARY CHRISTIAN CHURCH

REINSTATEMENT 07-11

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

695 CALIPH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

695 CALIPH STREET

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

City & State

OPA LOCKA FL

Zip

33054

Country

US

Zip

33054

Country

US

900196457479

03/01/11--01028--007 **481.25

CR2E081 (11/10)

203/2

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2788475

☐ 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

ORTEGA SANTOS

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

15330 NW 28TH CT

Suite, Apt. #, Etc.

City

OPA-LOCKA

State

FL

Zip Code

33054

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 of Santos Ortega]

Date

2-23-11

REGISTERED AGENT MUST SIGN

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	SANTOS ORTEGA	15330 NW 28TH CT	OPA LOCKA FL 33054
VPD	SANTOS ORTEGA	15330 NW 28TH CT	OPA LOCKA FL 33054
STD	MANUEL COLLAZO	6781 CODY STREET	HOLLYWOOD FL 33024
D	ANGELICA ORTEGA	15330 NW 28TH CT	OPA LOCKA FL 33054
S	JOSEFA SAEZ	140 N 72 AVE	PEMBROKE PINES FL 33024

10. E-mail Address: **MANUEL COLLAZO G Bellsouth.NET**

(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. 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., 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #