

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -8 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719143

1. Corporation Name

Missionary Assembly of God Inc.
OF Bradenton, FL

2. Principal Office Address

706 15th ST. E

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34208

Country

USA

Zip

Country

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

8-17-1970

5. FEI Number

65-0197207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Miguel Gonzalez

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

4021 FORECAST DR

Suite, Apt. #, Etc.

500082345155
12/07/06--01019--003 **236.25

City

Brandon, FL

State

FL

Zip Code

33511

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]

Date

12/4/06

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
P	Miguel Gonzalez	4021 FORECAST DR Brandon, FL 33511	Brandon, FL 33511
S	WANDA VAZQUEZ	6882 Whitham WAY	SARASOTA, FL 34243
-T	IRIS M CORDERO	4417 51 ST E	Bradenton, FL 34203

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Gonzalez - P 12/4/06 813-477-6753

Date

Daytime Phone #

B. Michas DEC - 8 2006