


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE
2007 JAN 18 1:12:55
SECRETARY
TALLAHASSEE FLORIDA
600086158946
01/24/07--01035--024 **500.00

DOCUMENT # 767154

1. Corporation Name

GRAN Templo de Ifa y Ocha USA, Inc

2. Principal Office Address

207 REED AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip 32765

Country USA

Zip

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/1983

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Ana Pohlador

600086158946

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

207 REED AVE

01/24/07--01035--025 **500.00

Suite, Apt. #, Etc.

ORLANDO Florida 32765

City

State
FL

Zip Code

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

Ana Pohlador

Date

1/18/07

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
PVP	ANA Pohlador	207 Reed Ave	Orlando Florida
S	VICTORIA HAWKIN	207 Reed Ave	Orlando FL
			600086158946 01/24/07--01035--026 **270.00
			TS 1/18/07
			REINSTATEMENT 90-07

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 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:

Ana Pohlador

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/07 1-(407)556 5656

Daytime Phone #