

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 APR 15 AM 2:16

DOCUMENT # J08152

1. Corporation Name

HELECHOS DE GUATEMALA-FLORIDA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

Principal Place of Business

Mailing Address

55427 SIXTH ST  
ASTOR FL 32102

P.O. BOX 749  
ASTOR FL 32102  
US



700015872557  
04/15/03--01010--005 \*\*900.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3115 MARSH ROAD

SAME

City & State  
DELAND, FL

City & State

Zip  
32724

Country  
USA

Zip

Country

5. FEI Number

59-2654625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FUQUA, CAROLYN K.	P.O. BOX 749 3115 MARSH ROAD	ASTOR FL 32102 DELAND, FL 32724

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUQUA, CAROLYN K.

55427 SIXTH STREET 3115 MARSH ROAD  
P.O. BOX 749 DELAND, FL 32724  
ASTOR FL 32102

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4-11-03

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., 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:

SIGNATURE REQUIRED  
CAROLYN K. FUQUA, PRESIDENT

Date

Daytime Phone #

386-734-1149

CH2040 (8/02)