

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000002760**

1. Corporation Name

TRIPLE CROSS YOUTH MINISTRIES, INC.

Principal Place of Business

6575 NE 96 AVE.
OKEECHOBEE FL 34972

Mailing Address

6575 NE 96 AVE
OKEECHOBEE FL 34972

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2000

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SANTELCES, ARMANDO	6575 NE 96 AVE	OKEECHOBEE FL 34972
D	SANTELCES, LIDIA	6575 NE 96 AVE	OKEECHOBEE FL 34972
D	CASALES, VIVIAN Santeles, Vivian	6575 NE 96 AVE Same	OKEECHOBEE FL 34972 Same
			400004745784--7 -12/31/01--01105--014 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

SANTELCES, LIDIA
6575 NE 96 AVE
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/06/01

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/01

Daytime Phone #



01

FILED

01 DEC 10 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CFR2040 (8/01)