

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004566

1. Corporation Name

Christian Housing Relief

W03-35626

2. Principal Office Address

119 SW 58 ST

Suite, Apt. #, etc.

3. Mailing Office Address

119 SW 58 ST

Suite, Apt. #, etc.

City & State

Cape Coral FL 33914

City & State

Cape Coral FL 33914

Zip

33914

Country

Lee

Zip

33914

Country

Lee

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65 102 3663

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

ANA Fernandez

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

119 SW 58 ST

Suite, Apt. #, Etc.

City

Cape Coral FL 33914

State

FL

Zip Code

33914

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 E. Fernandez

REGISTERED AGENT MUST SIGN

Date

12/8/03

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
D	Fernandez ANA	119 SW 58 ST	Cape Coral FL 33914
T	Borrego Ramon	13150 SW 6 ST	MIAMI FL 33184
T	Borrego Norma	13150 SW 6 ST	MIAMI FL 33184

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 E. Fernandez

ANA E. FERNANDEZ

Date

12/8/03

Daytime Phone #

(234)
470 9081

CR2E081 (10/02)

** - Do Not Detach **

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November 21, 2003

Department of State
Divisions Of Corporations
RE: Christian Housing Relief

To whom it may concern:

Please note that we moved to 119 SW 58 Street Cape Coral Florida 33914 and we did not receive our annual report for 2002. Please reinstate the corporation. I am sending you \$122.50 for reinstatement. Please send all your future correspondence to the above address.

Thank you,


Ana Fernandez