

\* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 22 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~N 0000000~~ 6410

1. Corporation Name

Church CELESTIAL MISSION, INC.

2. Principal Office Address

2012 N. TAMPAWIA AVE.

3. Mailing Office Address

2012 N. TAMPAWIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

**REINSTATEMENT** 04-00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2000

5. FEI Number

59-3642927

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

JUAN R. SALAS

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

2007 South 58th Street

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

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

*Juan R. Salas*  
REGISTERED AGENT MUST SIGN

Date *9/19/06*

**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	JUAN R. SALAS	2007 South 58th Street	TAMPA, FL 33619
VP	LETICIA SALAS	2007 South 58th Street	TAMPA, FL 33619
T	EUGLYN NEGRON	1701 E. THUNDERBOLT ST.	TAMPA, FL 33610
S	SARA Velez	11534 Lamplighter Ln.	TAMPA, FL 33637

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: *Juan R. Salas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date

*9/19/06*

Daytime Phone #

*813-951-2460*

K. Eckel SEP 25 2006