

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N60000008498

**1. Corporation Name**

Iglesia Abrigo del Altisimo, Inc.

**2. Principal Office Address**

950 Girard drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

U.S.

**3. Mailing Office Address**

950 Girard drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

U.S.

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Dec 18 2000

**5. FEI Number**

593688918

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Israel Mercado

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

950 Girard Drive

Suite, Apt. #, Etc.

City

Orlando, FL 32824

State

FL

Zip Code

000019175330

05/16/03--01032--007 \*\*297.50

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 05/07/03

**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
P	Israel Mercado	950 Girard drive Orlando, FL 32824 →	
V	Francisco Mercado	702 Brassie Ln	Poinciana, FL 34759
T	Luz T. Mercado	702 Brassie Ln	Poinciana, FL 34759
S	Shiphrah Mercado	950 Girard drive	Orlando, FL 32824

**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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/03  
Date

407 257 2466  
Daytime Phone #