

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00996

1. Corporation Name

OUR LADY OF GUADALUPE CHAPEL, INC.

Principal Place of Business

Mailing Address

5859 N.W. 37 AVE
VIRGINIA GARDENS FL 33166
US

475 NE 128 ST.
N MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

612 S.E. 5th AVENUE

Suite, Apt. #, etc.

Suite #1

City & State

FT LAUDERDALE, FL

Zip

33301

Country

3. New Mailing Office Address, If Applicable

612 S.E. 5th AVENUE

Suite, Apt. #, etc.

Suite #1

City & State

FT LAUDERDALE, FL

Zip

33301

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1984

5. FEI Number

59-2372993

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	EVANS, MARILYN A	6520 S.W. 134TH DRIVE	MIAMI FL
DT	RUSPOLI, PALMA	7730 HWY 466	OXFORD FL 34484
DS	JONES, JAMES T	475 N.E. 128TH STREET	NORTH MIAMI FL

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****245.00 ****245.00

8. Name and Address of Current Registered Agent

JONES, JAMES T.

475 NE 128 ST.

N MIAMI FL 33161

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

James T. Jones
REGISTERED AGENT MUST SIGN

Date

10/28/01

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:

Marilyn A Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/01 954 522-7770

Date

Daytime Phone #

CR20040 (801)