

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000002634**

1. Corporation Name

NAZARENE HISPANIC CHAPLAINS ASSOCIATION, INC.

Principal Place of Business

**5902 N. HIMES AVENUE
TAMPA FL 33614**

Mailing Address

**5902 N. HIMES AVENUE
TAMPA FL 33614**

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

2. New Principal Office Address, If Applicable

109 APRIL LANE

Suite, Apt. #, etc.

Tampa

City & State

Tampa, FL

Zip **33613**

Country **USA**

3. New Mailing Office Address, If Applicable

109 APRIL LANE

Suite, Apt. #, etc.

Tampa

City & State

Tampa, FL

Zip **33613**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2001

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name 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	DIAZ, J. EDGAR	4417 KNOLLWOOD STREET	TAMPA FL 33614
D	CORTES, NANCY ANN	4417 KNOLLWOOD STREET	TAMPA FL 33614
D	ALVAREZ, ARAMIS	16615 PALM ROYAL DRIVE, #317	TAMPA FL 33647

**500009117635
11/20/02--01075--004 **\$1.25
500009117635
11/20/02--01075--005 **\$8.75**

8. Name and Address of Current Registered Agent

**HERRERA, ELADIO
6411 N. ARMENIA AVE.
APT. 101
TAMPA FL 33604 - 5746**

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

CR2E040 (802)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/06/2002

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

Daytime Phone #

**11/06/2002
(904) 908-8359**



Iglesia del Nazareno

"Lugar de Restauración"

First Hispanic Church of the Nazarene

Rev. J. Edgar Diaz
Senior Pastor

November 8, 2002

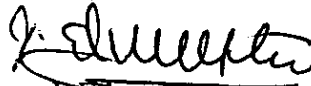
To Whom It May Concern:

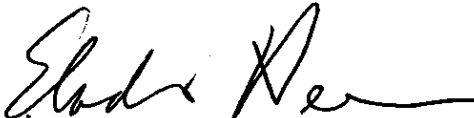
Be advised that we would like for the reinstallment fee to be waived, because we never received the two prior uniform business report notices at the old address. Also as the registered agent I was not advice that Annual Report/Uniform Business Report was missing.

Our new address is: Nazarene Hispanic Chaplains Association, Inc., 109 April Lane, Tampa, Fl. 33613-1802- and phone number (813) 908-8359/ 964-9392 (fax).

Thank you for your prompt attention on this matter.

Cordially,


Rev. J. Edgar Diaz
Senior Pastor


Eladio Herrera
Registered Agent