

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000003297

1. Corporation Name

WELCOME HOME MINISTRY MINISTERIO HISPANO INC.

Principal Place of Business  
10664 GREAT FALLS LN  
TAMPA FL 33647

Mailing Address  
PO BOX 47763  
TAMPA FL 33647



900024297949

10/31/03--01007--017 \*\*70.00

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

2. New Principal Office Address, If Applicable

2020 Land O Lakes Blvd.  
Suite, Apt. #, etc.  
suite 5

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified To Do Business in Florida

05/10/2001

5. FEI Number

22-3782345

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALVAREZ, RAFAEL E	10664 GREAT FALLS LN	TAMPA FL 33647
VPD	ALVAREZ, MARIA DEL R	10664 GREAT FALLS LN	TAMPA FL 33647
<del>T</del>	<del>COLON, JOSE</del>	<del>7608 N JAMAICA CT #4</del>	<del>TAMPA FL 33604</del>
<del>SD</del>	<del>SUAREZ, JANET</del>	<del>7608 N JAMAICA ST</del>	<del>TAMPA FL 33604</del>
T	Judith Alvarez	2020 NE 135 St Apt 510	NORTH Miami 33181
SD	Noemi Alvarez	708 Innergany PL	VALRICO, FL 33954

8. Name and Address of Current Registered Agent

ALVAREZ, RAFAEL E  
10664 GREAT FALLS LN  
TAMPA FL 33647

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. or 617.0505, F.S.

Signature of Registered Agent

*Rafael Alvarez*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-27-03

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:

*Rafael Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03  
Date

813-431-9536  
Daytime Phone #

CR2E040 (7/03)



## **WELCOME HOME MINISTRY**

**MINISTERIO HISPANO INC.  
2020 LAND O LAKES BLVD SUITE 5  
LUTZ, FL. 33549  
813-909-1781 FAX: 813-948-1619**

**TO WHOM IT MAY CONCERN**

**THIS LETTER IS TO STATE THAT WE HAD NOT RECEIVED THE PAPERS FOR REFILEING, AND DO NOT FEEL THAT WE SHOULD HAVE TO PAY THE REINSTATEMENTS FEE.**

**WE ASK TO HAVE THEM WAIVED.**

**IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT 813-431-9536**

**THANKS YOU**

  
**RAFAEL ALVAREZ  
PRESIDENT**