

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR 18 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004049

1. Corporation Name

IGLESIA CENTRO DE ALABANZA Y ADORACION OF SEMINOLE COUNTY INC.

Principal Place of Business

Mailing Address

2013 S. ORLANDO DRIVE
SANFORD FL 32773-5397
2921

2013 S. ORLANDO DRIVE
SANFORD FL 32773-5397
2921



REINSTATEMENT

0203

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2921 S. ORLANDO DR.

2921 S. ORLANDO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230

230

City & State

City & State

SANFORD FL.

SANFORD FL.

Zip

Country

Zip

Country

32773 Seminole

32773 Seminole

4. Date Incorporated or Qualified To Do Business in Florida

06/12/2001

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DE ALBA, JUAN C	154 LARCHMONT DR	DELTONA FL 32738
DV	DE ALBA, ELIZABETH	154 LARCHMONT DR	DELTONA FL 32738
DS	RODRIGUEZ, YAHAIRA	3106 RUBBER CIR	SANFORD FL 32773
DS	RONDON BLANCA I.	814 W. 25th St.	SANFORD FL 32771
			900013908569 03/11/03--01013--007 **236.25
			900013908569 03/11/03--01013--008 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE ALBA, JUAN C
2913 S. ORLANDO DRIVE
SANFORD FL 32773-5397

Name

DE ALBA, JUAN C

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

2921 S. ORLANDO DRIVE

Suite, Apt. #, Etc.

230

City

SANFORD

State

FL

Zip Code

32773

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

11-25-02

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

11/25/02

Daytime Phone #

CR2E040 (8/02)