

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004190

1. Corporation Name CHURCH OF SAN LAZARO, INC.

200134537532
08/19/08--01024--009 **428.75

2. Principal Office Address - No P.O. Box #

6200SW 130 TERRACE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33156

Country

USA

3. Mailing Office Address

6200SW 130 TERRACE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33156

Country

USA

CR2E081 (12/07)

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

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 Address of Current Registered Agent

Name Miguel A Ruiz

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

6200 SW 130 TERRACE

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33156

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 08/11/08

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
D	Miguel A Ruiz	6200SW 130 TERRACE	Miami FL 33156
D	Rocio C. Guillen	6200SW 130 TERRACE	Miami FL 33156
D	Lucia Guillen	6200 SW 130 TERRACE	Miami FL 33156

REINSTATEMENT
02-08

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 contained in Chapter 119, 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:

Miguel A Ruiz

08/11/08

Date

Daytime Phone #