

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 23 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000004693

**1. Corporation Name**

FRIENDS OF SANTI ESPIRITO, INC.

**2. Principal Office Address**

7161 Eastwood Acres

**3. Mailing Office Address**

Same as principal office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

33905

Country

USA

Zip

Country

**REINSTATEMENT**

03

**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

Adalberto Hernandez

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

600024410246

11/04/03--01040--005 \*\*23.25

Suite, Apt. #, Etc.

7161 Eastwood Acres

City

Fort Myers

State

FL

Zip Code

33905

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Adalberto Hernandez*

Date 10/22/03

REGISTERED AGENT MUST SIGN

**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
PD	Hernandez, Roman	7161 Eastwood Acres	Ft. Myers, Fl. 33907
VD	Hernandez, Dania V	7161 Eastwood Acres	Ft. Myers, Fl. 33907
SD	Hernandez, Dania	7161 Eastwood Acres	Ft. Myers, F. 33907
TD	Roman, William	7161 Eastwood Acres	Ft. Myers, Fl. 33907
VD	Hernandez, Adalberto	7161 Eastwood Acres	Ft. Myers, Fl. 33907

**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 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:

*Roman Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 (239) 826-5379  
Date Daytime Phone #

CR2E081 (10/02)