

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 AM 8:01

DOCUMENT # **N01000004772**

1. Corporation Name

IGLESIA FUENTE DE AGUA VIVA FT. LAUDERDALE, INC.

REINSTATEMENT

02

Principal Place of Business

12250 JOHN YOUNG PKWY
ORLANDO FL 32877

Mailing Address

P.O. BOX 770367
ORLANDO FL 32877



600009355226

12/04/02--01082--011 **175.00

5/23/02 90109 049 61.25

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	FONT, RODOLFO	P.O. BOX 3986, VALLE ARriba HEIG	CAROLINA PR 00984
VD	ROSADO, LUIS E	P.O. BOX 607071, STE. 286	BAYAMON PR 00960
SD	FONT, RODOLFO O	P.O. BOX 770367	ORLANDO FL 32877
TD	ENCARNACION, WILLIAM	PMB 266, AVE. RIO HONDO	BAYAMON PR 00961
D	GOMEZ, ROBERTO	P.O. BOX 1528	VEGA BAJA PR 00694
D	Teodoro Alejandro	P.O. BOX 848865	Pembrooks Pine, FL 33084.

8. Name and Address of Current Registered Agent

FONT, Omayra
12250 JOHN YOUNG PKWY
ORLANDO FL 32877

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 *11-18-02*

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

Daytime Phone #

11-18-02.

12/12/02

CR2E040 (8/02)