

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 14 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000005408

1. Corporation Name

Iglesia Lugares Celestiales, Inc.

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

201 W. Ocean Blvd

Suite, Apt. #, etc.

City & State

STUART, Florida

Zip

34996

Country

USA

3. Mailing Office Address

201 W. Ocean Blvd

Suite, Apt. #, etc.

City & State

STUART, Florida

Zip

34996

Country

USA

300134333933
08/11/08--01057--006 **420.00

REINSTATEMENT 05-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2001

5. FEI Number

311810081

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

MARCOS A. ALVAREZ SR.

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

10725. South Ocean Dr.

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

☐ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/9/08

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	Benigno Terlero	2995 SE Aster Lane # E102	STUART FL 34994
D	MARCOS A ALVAREZ	10725 S. Ocean Drive	Jensen Beach, FL 34957
S	Maria Segura	PO Box 1345	Port Salerno, FL 34992
T	Marnie Orrego	2737 SE Howell Ave	Port St Lucie, FL 34952

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:

MARCOS ALVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/08

Daytime Phone #

772 209 2662