

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 21 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N010000008207

1. Corporation Name

UTA'AN KUXTAL MAYAN MISSION, INC

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

1619 E. NOME ST

3. Mailing Office Address

1619 Nome St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

FLORIDA

Zip

33604

Country

usa

Zip

33604

Country

USA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 2, 2002

5. FEI Number

59-3761349

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

EVANGELINA VOGLER

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

1619 E. NOME ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

☐ 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

x Evangelina Vogler
REGISTERED AGENT MUST SIGN

Date 3-9-07

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
Pres	Alfredo Oerera Pech	1619 Nome St	Tampa Fl
Vice Pres	Jose Perera May	1619 Nome St	Tampa Fl
Treas	Evangelina Vogler	1619 Nome St	Tampa Fl
Sec	Mirna Y. Maguire	1619 Nome St	Tampa Fl

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: y

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-07 813- 956-8140

Date

Daytime Phone #

2. 3/27