

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 14 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000008868

**1. Corporation Name**

Centro Cristiano Internacional de Restauracion, Inc

**2. Principal Office Address**

9622 SW 163<sup>rd</sup> Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

9622 SW 163<sup>rd</sup> Ave

Suite, Apt. #, etc.

**City & State**

Miami FL

**City & State**

Miami FL

**Zip**

33196

**Country**

US

**Zip**

33196

**Country**

US

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

12-20-2001

**5. FEI Number**

20-0901441

**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**

Andres Martinez

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

11932 SW 210<sup>th</sup> Terrace

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33177

**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]*

Date 2-8-05

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	Rodolfo Samuel Martinez	9622 S.W 163 <sup>rd</sup> Ave	Miami, FL 33196
VPD	SARA MARTINEZ	11932 S.W 210 <sup>th</sup> Terrace	Miami, FL 33177
SD	Dolys Martinez	9622 S.W 163 <sup>rd</sup> Ave	Miami, FL 33196

100047053761  
02/22/05--01024--011 \*\*122.50

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-05 (786) 355-8823

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2 of 2

**CENTRO CRISTIANO INTERNACIONAL DE RESTAURACION, INC**  
9622 SW 163<sup>rd</sup> Ave  
Miami, Fl 33196  
(305) 380-6647

2-08-05


**RE: Document # N01000008868**

**To whom it may concern;**

The following is a follow up with a conversation we had with one of your representative, who was able to explained exactly what had occurred with our non-profit corporation files. And since we are trying to re-instate the corporation, we are hereby asking that you please allow us to bring our records status back to normal & active. Please be advised that we did not received at any time any of the two mailing notices for 2004 for late filing your dept had previously sent or any other mail. Our mailing address has also changed, and we ask that you please use the new & above one for future mailings. We were instructed to send a payment amount of \$ 122.50 for this process. If there is anything additional that we may have to filed for this coming year or before may 2005, please let us know as soon as possible.

**Thank you for your time**

**Sincerely;**

  
**Rodolfo Samuel Martinez**  
PD