

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO2000000 367**

1. Corporation Name

Church of God Fuente de Redención

2. Principal Office Address

1507 W. Slich Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 273947

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33604

Country

Hillsborough

Zip

33688

Country

Hillsborough

FILED

03 DEC 19 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/03--01034--002 *1.25**

REINSTATEMENT

Incorporated or Qualified
To Do Business in Florida

JANUARY 22, 2002

5. FEI Number

91-1895978

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

José A. Pérez

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

10921 Brightside Dr.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

REGISTERED AGENT MUST SIGN

Date

12/8/03

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
P	José A. Pérez	10921 Brightside Dr.	Tampa, Fl. 33624
T	Luis A. Rivera	4512 W. Hanna St.	Tampa, Fl. 33614
T	ZORAIDA ESPINOSA	10804 Wingate Dr.	Tampa, Fl. 33624
T	Julio Gonzalez	5146 Balsam Dr.	Land O'Lakes, Fl. 34639

10. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

José A. Pérez

12/8/03

Date

(813) 968-6144

Daytime Phone #

CR2E081 (10/02)