

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 25 AM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001341

1. Corporation Name

IGLESIA RESTAURACION EN CRISTO, INC.

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

120 N. CENTRAL AVE.

3. Mailing Office Address

P.O. BOX 623482

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FLORIDA

City & State

OVIEDO, FLORIDA

Zip
32765

Country
USA

Zip
32762-3482

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

February 20, 2002

5. FEI Number

04-3602897

☒ 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
Rosa A. Calderon

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

231 Lynn Street

Suite, Apt. #, Etc.

City
Oviedo

State
FL

Zip Code
32765

☒ 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

Rosa A. Calderon
REGISTERED AGENT MUST SIGN

Date **9/20/07**

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
President	Rosa A. Calderon	231 Lynn St.	Oviedo, FL 32765
Vice-President	Jaime McKenzie	58 Saint Johanna Dr.	Oviedo, FL 32765
Secretary	Annette Diaz	231 Lynn St.	Oviedo, FL 32765
Treasurer	Eneida Scuotto	1050 Manigan Ave.	Oviedo, FL 32765

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:

R. Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/07

Daytime Phone #

B. Mached SEP 25 2007