

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005351**

1. Corporation Name

Amistad Cristiana Foundation Inc.

2. Principal Office Address

9121 Pembroke Rd

Suite, Apt. #, etc.

3. Mailing Office Address

9121 Pembroke Rd

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33025

Country

USA

Zip

33025

Country

USA

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

07/15/2002

5. FEI Number

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 Pimentel

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

2944 S.W. 53 Street

Suite, Apt. #, Etc.

City

Dania

State
FL

Zip Code
33312

800039489188
07/23/04 01081-004 *30.00**

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

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
TO	Wanda Pimentel	2944 S.W. 53 St	Dania FL 33312
TO	Victor Lopez	5611 W 25th Apt 7	Hialeah gardens 33016
TP	Jose Pimentel	2944 S.W. 53 St	Dania FL 33312

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:

José Pimentel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/04 754-204-8734

Date

Daytime Phone #

CR2E081 (01/04)