

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000005406**

1. Corporation Name

FIRST HISPANIC CHURCH OF THE NAZARENE OF BRADENTON, INC.

Principal Place of Business

Mailing Address

3016 1ST STREET W
BRADENTON FL 34205

3016 1ST STREET W
BRADENTON FL 34205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34208

Country

Zip
34208

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2002

5. FEI Number

03-0425423

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DELGADO, EDMUNDO A	4504 A 20TH STREET W	BRADENTON FL 34207
DS	ALBURQUERQUE, EUGENIA E	6431 26ST W.	BRADENTON FL 34207
TD	CABRERA, FULVIA	916 WILMERLING AVENUE	SARASOTA FL 34243
D	BERRIOS, SANTOS	5786 STONE POINTE DR.	SARASOTA FL 34233
D	STEFANKO, JEANNETTE T	4403 20TH AVENUE W	BRADENTON FL 34209
D	ALBURQUERQUE, ANA A	3016 1ST STREET W	BRADENTON FL 34205

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELGADO, EDMUNDO
3016 1ST STREET W
BRADENTON FL 34205

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Edmundo A. Delgado
REGISTERED AGENT MUST SIGN

Date **10-13-03**

11. 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:

SANTOS BERRIOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

FILED

03 DEC 26 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



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