

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -9 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006645

1. Corporation Name

Spanish Free Methodist Arch of Salvation Church
Inc.

2. Principal Office Address

1701 N. Thacker Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

526-4 Neptune Bay Circle

Suite, Apt. #, etc.

City & State

Kissimmee, FL.

Zip

34746

Country

U.S.

City & State

St. Cloud, FL.

Zip

34769

Country

U.S.

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

8-29-02

5. FEI Number

06-1747604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gladys Medina

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

526-4 Neptune Bay Circle

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34769

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**

Gladys Medina

REGISTERED AGENT MUST SIGN

Date 8/1/05

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	Edgard Medina	526-4 Neptune Bay Circle	St. Cloud, FL. 34769
T	Ariel Bolbaran	613 Wallaby Lane	Kissimmee, FL. 34758
S	Julia Bolbaran	613 Wallaby Lane	Kissimmee, FL. 34758

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:

Edgard Medina / Edgard Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05 (821) 766-2738

Date

Daytime Phone #

CR2E081 (01/05)