

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006920**

1. Corporation Name

IGLESIA DE DIOS ELIM IN WIMAUMA INC

W06-44178

2. Principal Office Address

5801 HICKMAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 339

Suite, Apt. #, etc.

City & State

WIMAUMA FLORIDA

City & State

WIMAUMA FLORIDA

Zip
33598

Country
USA

Zip
33598

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **09/11/2002**

5. FEI Number

36-4507297

☒ 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

JUAN J GOMEZ

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

5311 VEL ST

Suite, Apt. #, Etc.

City

WIMAUMA

State

FL

Zip Code

33598

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

9/24/06

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	JUAN J GOMEZ	5311 VEL ST	WIMAUMA FL 33598
VP	JOSE D PEREZ	5279 GUADALUPE BLVD	WIMAUMA FL 33598
TRES	ELIAS CHARLES	13425 LARAWAY DR	RIVERVIEW FL 33569
SEC	CARLA GARCIA	11888 US HWY 41 S LOT #85	GIBSONTON FL 33534

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10/05/05--01012--024 **236.25

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11/08/05--01027--013 **8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN J GOMEZ

Date

9/24/06 (813) 477-2881

Daytime Phone #

9C H/03