

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:18

TALLAHASSEE, FLORIDA

DOCUMENT # **N02000007696**

1. Corporation Name

**PABELLON DE LA VICTORIA MOVIMIENTO IGLESIAS
DE FE M.I., INC.**

REINSTATEMENT 03

2. Principal Office Address

2232 W OAKRIDGE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32837

Country

USA

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

10/3/02

5. FEI Number

04-3714454

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

ADA L. LOPEZ

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

2232 W OAKRIDGE

Suite, Apt. #, Etc.

City

Orlando

**State
FL**

Zip Code

32837

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**

Ada L. Lopez

REGISTERED AGENT MUST SIGN

Date

10/20/03

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
DP	HECTOR R. PEREZ	2232 W OAKRIDGE Rd	Orlando FL 32837
DUP	ADA L LOPEZ	2949 Crystal CROWN PL	Orlando, FL 32837
DT	EUGENIO LOPEZ	2949 Crystal CROWN PL	Orlando, FL 32837

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector RAFAEL Perez

Date

10/15/03

Daytime Phone #

1875 849-4020

CR2E081 (9/01)