

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 # N02000008678

1. Corporation Name

MINISTERIO JEHOVA SE PROVEERA, INC.

Principal Place of Business

Mailing Address

5920 JOHNSON STREET
SUITE 105
HOLLYWOOD FL 33024

5920 JOHNSON STREET
SUITE 105
HOLLYWOOD FL 33024

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.

5920 Johnson St suite 101

Suite, Apt. #, etc.

5920 Johnson St suite 101

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

Zip

33024

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

02 0652049

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
PD	URBINA, MARIA	5920 JOHNSON STREET SUITE 105	HOLLYWOOD FL 33024
SVD	BARIA, DIANA Take out	5920 JOHNSON STREET SUITE 105	HOLLYWOOD FL 33024
TD	CORADO-ROA, ANGELINA	5920 JOHNSON STREET SUITE 105	HOLLYWOOD FL 33024
SVD	Trani, Lydia	5920 Johnson St suite 101	Hollywood FL 33024

8. Name and Address of Current Registered Agent

URBINA, MARIA
5920 JOHNSON STREET
SUITE 105
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

Urbina, Maria

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

5920 Johnson Street

Suite, Apt. #, Etc.

Suite 101

City

Hollywood

State

FL

Zip Code

33024

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/03. 305.5519738

Daytime Phone #

REINSTATEMENT 03



700024739507
11/17/03--01015--018 **61.25

FILED

03 DEC 10 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

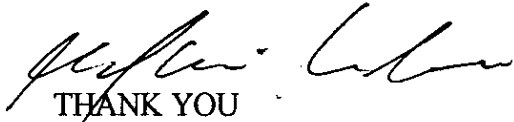
CR2E040 (7/03)

MINISTERIO JEHOVA SE PROVEERA
5920 JOHNSON STREER SUITE 101
HOLLYWOOD, FL 33024

FLORIDA DEPARTMENT OF STATE
ATT: KETRINA

TO WHONE IT MAY CONCERN.

I MARIA URBINA CERTFY THAT I HAVE NOT RECEIVED ANY PREVIOUS
NOTICE OF EXPIRATION OF THE CORPORATION. THIS IS THE ONLY LETTER
I HAVE RECEIVED WHICH IS THE APPLICATION FOR REINSTATEMENT.
I RETURNED THIS LETTER WITH A CHECK FOR \$61.25, WHICH IS THE FILLING
FEE PER YEAR. YOUR CORPORATION WOULD GREATLY BE APRECIATED IN
THIS SITUATION.


THANK YOU
MARIA URBINA