

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 22 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03 000000793

1. Corporation Name

CENTRO MISIONERO SILOE CORP.

2. Principal Office Address - No P.O. Box #

1680 S.W. 4 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

75 N.W. 17 PL.

Suite, Apt. #, etc.

#5

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33135

Country

DADE

Zip

33125

Country

DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/03

5. FEI Number

65-1147463

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

CLAUDIO CAYUQUEO

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

1680 SW 4 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

(X)

REGISTERED AGENT MUST SIGN

Date

06/18/07

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	CLAUDIO CAYUQUEO CAYUQUEO	1680 SW 4 ST. MIAMI, FL. NUEVA 75 NW 17 PL. #5 MIAMI FL.	33135
DV	MONICA M. LINARES		
DS	VALERIA LINARES		
DT	ENRIQUE RAUL GUTIERRES		
			33125

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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAYUQUEO

Date

06/18/07

Daytime Phone #

305-910-

7252