

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 12 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800093759268
03/20/07--01016--001 **253.75

DOCUMENT # NO3000005013

1. Corporation Name

Templo Getsemani inc
2575 N.O.B.+ Plymouth FL 32768

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

2575 N.O.B.+

Suite, Apt. #, etc.

City & State

Plymouth FL

Zip

32768

Country

3. Mailing Office Address

P.O. Box 624

Suite, Apt. #, etc.

City & State

Plymouth FL

Zip

32768

Country

U.S.A

REINSTATEMENT

04-07

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

5. FEI Number

☒ 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 Bernardino Mateos

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

2576 Highland Ave

Suite, Apt. #, Etc.

City Apopka

State FL

Zip Code 32712

☒ 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

REGISTERED AGENT MUST SIGN

Date 03-12-07

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
President	Bernardino Mateos	2576 Highland Ave	Apopka FL 32712
Director	Samuel Martinez	13007 Florida Ave	Astatura FL 34705
Director	Jenima Nieto	511 Nicole Blvd	Ocoee FL 34761

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:

Bernardino Mateos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-07

Date

Daytime Phone #

3/12/07