

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED 1/2

06 JUL 27 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N03000005160

**1. Corporation Name**

IGLESIA DE DIOS TORRE FUERTE  
IN DOVER, INC.

**2. Principal Office Address**

3722 Pettie rd.

Suite, Apt. #, etc.

City & State

DOVER, FL

Zip

33527

Country

HILLSBOROUGH

**3. Mailing Office Address**

P.O. Box 250

Suite, Apt. #, etc.

City & State

DOVER, FL

Zip

33527

Country

HILLSBOROUGH

**REINSTATEMENT** 04-86

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

JUNE 13, 2003

**5. FEI Number**

59-3321076

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

MIGUEL QUIRINO

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

3706 MOORES LAKE RD,

Suite, Apt. #, Etc.

City

DOVER

State  
**FL**

Zip Code

33527

**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

7/22/06

**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	MIGUEL QUIRINO	3706 MOORES LAKE RD.	DOVER, FL. 33527
S	DORA SANCHEZ	2001 SPOONER, DR	PLANT CITY, FL. 33563
"T"	ARTURO GUEVARA	2210 W TRAPNELL	PLANT CITY, FL. 33567
"T"	VICTOR RODRIGUEZ	4015 SHADY VIEW DR,	MULBERRY, FL. 33860
			300078378732 08/04/06--01040--019 **183.75

**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

MIGUEL QUIRINO

Date

7/22/06 813-752-4624

Daytime Phone #

K. Eckel AUG 01 2006