

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 20 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0300000 5680

1. Corporation Name

SAMARIA EVANGELICAL Church of
Davenport, inc

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

203 W. Bay St

Suite, Apt. #, etc

Unit # F

City & State

Davenport, FL

Zip

33837

Country

POIK

3. Mailing Office Address

4011 Barbara Ave

Suite, Apt. #, etc.

1'

City & State

Haines City, FL

Zip

33844

Country

POIK

800162542868

11/05/09--01039--010 **131.25

REINSTATEMENT

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

Ismael Cirilo-Millan

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

4011 Barbara Ave

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

☒ 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

Ismael Cirilo-Millan
REGISTERED AGENT MUST SIGN

Date 11-17-09

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	Ismael Cirilo-Millan	4011 Barbara Ave	Haines City, FL 33844
T/S	Flormary Cirilo	4011 Barbara Ave	Haines City, FL 33844
C	Samuel Ortiz	90 George M Rd	Haines City FL 33844

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:

Ismael Cirilo-Millan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/09
Date

863.236.4883

Daytime Phone #