

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000001853
1. Corporation Name IGLESIA CRISTIANA RESTAURACION, INC.

FILED
07 FEB 23 PM 2:00
TALLAHASSEE, FLORIDA
900089981239
03/02/07--01003--020 **367.50

2. Principal Office Address - No P.O. Box # 1301 STATE RD. 29 N.
3. Mailing Office Address P.O. BOX 2796
Suite, Apt. #, etc.
City & State LA BELLE, FL.
City & State LA BELLE, FL.
Zip 33935 **Country** USA **Zip** 33975 **Country** USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 2-23-04
5. FEI Number 55-0865665 **Applied For** Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name FROYLAN GARCIA
Street Address (P.O. Box Number is Not Acceptable) 4040 RAINBOW CIR.
Suite, Apt. #, Etc.
City LA BELLE **State** FL **Zip Code** 33935

☐ 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 Froylan Garcia **Date** 2-20-07
REGISTERED AGENT MUST SIGN

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/D	FROYLAN GARCIA	4040 RAINBOW CIR.	LA BELLE, FL. 33935
D	HORVELIN SANTANARIA	475 KARA LYNN CT.	LA BELLE, FL. 33935
D	ANCELMA JAIMES	3003 CHERRY LN.	LA BELLE, FL. 33935
D	JUANA SANTANARIA	4040 RAINBOW CIR.	LA BELLE, FL. 33935
		8/2/26	

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] **2/20/07** (863) 673-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #