

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000010224

1. Corporation Name
IGLESIA RIOS DE AGUA VIVA INC.

2. Principal Office Address
880 San Remon Ave.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples,

City & State

Zip
34104

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1822249

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03/02/05 90230 001 60.00
03/02/05 90230 002 5.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Edilberto Sueyero

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

880 San Remon Ave.

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code
34104

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

10-16-06

Date

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
D/P	Sueyero, Edilberto	880 San Remon Ave.	Naples, Fl. 34104
D/ V	Rodriguez, Maria del Carmen	Lauren Ridge St.	Naples, Fl. 34116
D/T	Quinones, Jose M.	Lauren Ridge St.	Naples, Fl. 34116

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

10-16-06

Date

305-887-4185

Daytime Phone #