

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 05000009277

1. Corporation Name

Ministerio Los Mensajeros

400158214044
07/07/09--01028--017 **245.00

REINSTATEMENT

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

1129 MARTEX DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1125

Suite, Apt. #, etc.

City & State

Apopka Florida

Zip

32703

Country

Seminole

City & State

Apopka Florida

Zip

32704

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/2005

5. FEI Number

20-3451400

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

José R. Esten

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

1129 MARTEX DR

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/01/2009

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	José Ramón Esten	1129 Martex DR Apopka	Apopka, FL 32703
V	Kevin Bence	1054 MARTEX DR	Apopka, FL 32703
T	Jorge Rodriguez	628 North Wekiwa	Apopka, FL 32703
S	Estrella Dominguez	1700 Chatham Cir	Apopka, FL 32703

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

[Signature]

05/01/2009

Date

1888-264-9295

(407) 235-8280

Daytime Phone #