

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 21 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

N06000000810

CONCILIO MISION CRISTIANA EL CALVARIO  
INC.

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

6750 cleveland St

Suite, Apt. #, etc.

3. Mailing Office Address

6750 cleveland St

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

700156278247

05/21/09--01032--001 \*\*183.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida 1/20/2006

5. FEI Number  
20-4193806

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  
Marco A Castillo REV

Street Address (P.O. Box Number is Not Acceptable)  
6750 cleveland St

Suite, Apt. #, Etc.

City  
Hollywood, FL

State Zip Code  
FL 33024

☒ 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

Date 05-18-09

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	Marco A Castillo REV	6750 cleveland St	Hollywood, FL 33024
VP	Lesly Morales De Castillo	6750 cleveland St	Hollywood, FL 33024
T	Damaris Toro	6750 cleveland St	Hollywood, FL 33024

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

05-18-09 - 954-600-9124

Date

Daytime Phone #

5/22/09