

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 OCT 12 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **ND7000000255**

1. Corporation Name  
**TORRE FUERTE Iglesia de Dios**  
**22 NORTH 5 ST ROBERT AVE IMMOKALEE**  
**FL 34142**

000184003410

08/06/10--01022--006 \*\*186.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #  
**222 North 5 Robert Ave**

3. Mailing Office Address  
**222 North 5 St Robert**

Suite, Apt. #, etc.  
**Ave**

4. Date Incorporated or Qualified To Do Business in Florida

City & State  
**Immokalee FL**

City & State  
**Immokalee**

5. FEI Number  Applied For  Not Applicable

Zip Country  
**34142 Collier**

Zip Country  
**34142 Collier**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Roberto Steven**

Street Address (P.O. Box Number is Not Acceptable)  
**601 Nassau St**

Suite, Apt. #, Etc.  
**APT #4**

City State Zip Code  
**Immokalee FL 34142**

**REINSTATEMENT 09-10**  
**000184003410**  
**10/12/10--01059--007 \*\*245.00**  
*R. Steven*

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]* Date **9/8/2010**  
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
Pres	Roberto Steven	601 Nassau St APT #4	Immokalee FL 34142
Vice Pres	Enira Steven	601 Nassau St APT #4	Immokalee FL 34142
Secretary	ALBERTO BRAVO	605 Nassau St APT #4	Immokalee FL 34142

10. E-mail Address: **latina OFpanama hot mail**  
(To be used for future annual report notification)

11. 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. I further certify, 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: Roberto Steven** *[Signature]* Date **9/8/2010** Daytime Phone # **239 6916968**

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