

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

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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
president	Roberto Steven	601 Nassau St APT #4	Immokalee FL 34142
vice president	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: **latinaofpanama@hotmail.com**
(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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