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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT  
2016



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07000000746

1. Corporation Name  
IGLESIA PRINCIPE DE PAZ DE PALM COAST, INC.

2. Principal Office Address - No P.O. Box #  
217 ST JOE'S PLAZA DR.

3. Mailing Office Address  
P.O. BOX 353168

Suite, Apt. #, etc.  
SUITE 217

Suite, Apt. #, etc.

City & State  
PALM COAST, FL

City & State  
PALM COAST, FL

Zip  
32164

Country  
US

Zip  
32135

Country  
US

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/22/2007

5. FEI Number  
20-B382393

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  
JENNY LOGRONO

Street Address (P.O. Box Number is Not Acceptable)  
217 ST. JOE'S PLAZA DR.

Suite, Apt. #, Etc.  
SUITE 217

City  
PALM COAST

State  
FL

Zip Code

800293599598  
12/23/16 01029 001  
\$245.00

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent \_\_\_\_\_

Date 32164

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JENNY LOGRONO	13 A ULMAN CT.	PALM COAST, FL 32164
AT	GLORIA A ORTEGON	200 MADISON GREEN CR., APT 211	PALM COAST, FL 32164
SR	MANUEL FERNANDEZ, SR.	3580 OCEANSHORE BLVD. #111	FLAGLER BEACH, FL 32137
T	ANA M. POSSE	3580 S. OCEANSHORE BLVD. #111	FLAGLER BEACH, FL 32137

10. E-mail Address: igleprincipedepaz@minister.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 4.817.155, F.S.

SIGNATURE: Jenny Logrono JENNY LOGRONO 05-19-2017-407-459-3882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #