

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -7 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08000004036

1. Corporation Name

FILIPINO-AMERICAN ASSOCIATION OF
SEVENTH-DAY ADVENTIST INC.

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

Suite, Apt. #, etc.

2783 NAUTILUS DR.

City & State

AVON PARK FL.

Zip

33825

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

2783 NAUTILUS DR.

City & State

AVON PARK, FL.

Zip

33825

Country

USA

160200816251
04/07/11--01004--006 **306.25

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2008

5. FEI Number

113840184

☐ 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

LUCENA, ANGEL O.

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

1440 ROGERS ST.

Suite, Apt. #, Etc.

CLEARWATER

City

CLEARWATER

State

FL

Zip Code

33756

B 4/7/11
REINSTATEMENT
10-11

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

Francisco Baylon

Date

4-1-11

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
<u>P</u>	<u>JERRY MALABRICO</u>	<u>137 W. LAKE DAWSON DR.</u>	<u>AVON PARK, FL 32725</u>
<u>S</u>	<u>REMEDIOS TORTAL</u>	<u>2131 N. MORNINGSIDE RD.</u>	<u>AVON PARK, FL 33825</u>
<u>T</u>	<u>FRANCISCO BAYLON</u>	<u>2783 NAUTILUS DR.</u>	<u>AVON PARK, FL 33825</u>

10. E-mail Address: REQUIRE 71535@EMBARAMAIL.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 s.817.155, F.S.

SIGNATURE:

Francisco Baylon

4-1-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #