

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

14 JAN 15 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09000009878

1. Corporation Name

*Cristiana*  
**IGLESIA UN NUEVO COMIENZO, INC.**

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

**6179 SW 81ST ST**

Suite, Apt. #, etc.

City & State

**OCALA, FLORIDA**

Zip

**34476**

Country

**USA**

3. Mailing Office Address

**6179 SW 81ST ST**

Suite, Apt. #, etc.

City & State

**OCALA, FLORIDA**

Zip

**34476**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
10/12/2009

5. FEI Number

**94-3488750**

Applied For

☒

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**OMAR BONILLA SR.**

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

**6179 SW 81ST ST**

Suite, Apt. #, Etc.

City

**OCALA**

State

**FL**

Zip Code

**34476**

**900255666559**  
**01/15/14--01018--017 \*\*481.25**

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 **01/12/2014**

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	OMAR BONILLA SR.	6179 SW 81ST ST	OCALA/FLORIDA/34476
VP	CARMEN I. SANTANA	5419 SW 100TH LOOP	OCALA/FLORIDA/34476

**REINSTATEMENT 2010-2014**

10. E-mail Address: **OMAR0208@GMAIL.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:

*Omar Bonilla*  
**Omar Bonilla**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2014

Date

352-484-9284

Daytime Phone #