

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 22 AM 8:58
RECEIVED

DOCUMENT # N10000001761

1. Corporation Name

MINISTERIO CANAAN, INC.

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

633 RUCKEL DR

Suite, Apt. #, etc.

City & State

DEFUNIAK SPRINGS FL

Zip

32433

Country

WALTON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2010

5. FEI Number

27-1953755

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

RAMIREZ-GARCIA, LEOPOLDO

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

Suite, Apt. #, Etc.

633 RUCKEL DRIVE

City

DEFUNIAK SPRINGS

State

FL

Zip Code

32433

800260314688
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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

Leopoldo Ramirez Garcia

Date 12/16/2015

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
D	LEOPOLDO RAMIREZ-GARCIA	633 RUCKEL DR	DEFUNIAK SPRINGS FL 32433
D	REYES R ZAVALA	1049 NORTH 20 ST	DEFUNIAK SPRINGS FL 32433
D	MARIA P RAMIREZ	633 RUCKEL DR	DEFUNIAK SPRINGS FL 32433

REINSTATEMENT

DEC 22 2015

R. HUNT

10. E-mail Address: MINISTERIOCANAANVTA@YAHOO.COM (LOWER CASE)

(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:

Leopoldo Ramirez Garcia

Leopoldo Ramirez Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-419-2040

Daytime Phone #