

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC -5 PH 4:28

**DOCUMENT # N19116**

**1. Corporation Name**

Iglesia Fuente De Agua Viva, Inc.

**2. Principal Office Address**

12250 John Young Parkway

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip  
32837

Country  
USA

**3. Mailing Office Address**

5746 Marlin Road

Suite, Apt. #, etc.

Suite 500

City & State

Chattanooga, TN

Zip  
37411

Country  
USA

**REINSTATEMENT** 05  
CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/03/87

**5. FEI Number**  
59-2931006

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  
Rodolfo O. Font

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

12250 John Young Parkway

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32837

**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

REGISTERED AGENT MUST SIGN

Date

**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/T/D	Rodolfo O. Font	12250 John Young Parkway	Orlando, FL 32837
VP/S/D	Luis E. Rosado	4420 Edgewater Dr.	Orlando, FL 32804
Dir/Sec	Omayra Font	12250 John Young Parkway	Orlando, FL 32877
Director	Robert Gomer	Calle A F-13	Valle Parado, P. R.

900061912839  
12/05/05--01060--003 \*\*236.25

**10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:**

Rodolfo O. Font

423.892.4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #