

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N19116**

1. Corporation Name

Iglesia Fuente de Agua Viva, Inc.

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

12250 John Young Pwy

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

3. Mailing Office Address

PO Box 3869

Suite, Apt. #, etc.

City & State

Carolina, PR

Zip

00984

Country

USA

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

3/3/2010

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/D	Rodolfo O. Font	12250 John Young Parkway	Orlando, FL 32837
V/D	Robert E. Gomez	PO Box 1528	Vega Baja, PR 00694
S/D	Nelson Luquis	Ext. Parkville ZA-9 Nevada	Guaynabo, PR 00969
T/D	Magali Nadal	1079 Glennraven Ln.	Clermont, FL 34711
<b>REINSTATEMENT</b>			

10. E-mail Address: otoniel@otonjelfont.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., 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.

SIGNATURE:

Rodolfo O. Font

3/3/2010

787-625-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

10 MAR 12 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200171548062  
03/08/10--01083--016 \*\*481.25

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 02/03/1987

5. FEI Number

59-2931006

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.