

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 23 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

723659

1. Corporation Name

**MISSIONARY Church OF God
OF Hialeah, INC**

200003195812--5

-04/04/00--01093--007

*******603.75 *****603.75**

200003195812--5

-04/04/00--01093--008

*******8.75 *****8.75**

2. Principal Office Address

5790 W 13th Ct.

3. Mailing Office Address

5790 W 13th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

U.S.A

Zip

33012

Country

U.S.A

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

11/30/1987

5. FEI Number

65-0021521

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

ANTONIO R. CASTILLO

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

5790 W. 13th Ct

Suite, Apt. #, Etc.

REINSTATEMENT 94-001 TS

City

Hialeah

State

FL

Zip Code

33012

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

Antonio R. Castillo

REGISTERED AGENT MUST SIGN

Date **3/1/00**

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
PD	ANTONIO R. CASTILLO	5790 W 13th Ct	Hialeah, FL 33012
V.P	MADELEIN CASTILLO	17641 SW 8th Ave	MIAMI, FL 33157
T	ONAN CASTILLO	6640 SW 18th St.	MIRAMAR, FL 33023
D	MARITZA RIVAS	6055 W 19th Ave #202	Hialeah, FL 33012
D	LAZARO GONZALEZ	6345 W 22nd Ct #202	Hialeah FL 33016
D	RAFAEL R. HERNANDEZ	9921 W. Okeechobee Rd #321D	Hialeah Gander FL 33016

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:

Antonio R. Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00
Date

(305) 825-8739
Daytime Phone #