

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 14 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25095**

1. Corporation Name

Congregacion El Rosal Inc.

REINSTATEMENT

400137938784
11/14/08--01051--014 **481.25

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 644 Davis Rd.		3. Mailing Office Address 644 Davis Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, Fl.		City & State Delray Beach, Fl.	
Zip 33445	Country Palm Beach	Zip 33445	Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 01-5450003	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name John Medina		
Street Address (P.O. Box Number is Not Acceptable) 644 Davis Rd.		
Suite, Apt. #, Etc.		
City Delray Beach	State FL	Zip Code 33445

☐ 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.

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 *John Medina*
REGISTERED AGENT MUST SIGN

Date **11/17/08**

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
PVP	John Medina	644 Davis Rd.	Delray Beach, Fl. 33445
DS	Luis A. Lopez	405 Mission Hill Rd.	Brynton Beach, Fl. 33435
D	Jean Fabien	3407 Chateau Rd.	Delray Beach, Fl. 33445
D	Jean Estinfort	2980 N.E. 5 th Ct.	Brynton Beach, Fl. 33435

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 contained in Chapter 119, 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:

Luis A. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/08 561-735-4528
Date Daytime Phone #