

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR 21 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N25003*

1. Corporation Name

Ministerios Talabras De Vida

Principal Place of Business

Ministerios Talabras De Vida
2901 Oakland Park Blvd
2901 E. 14th Ave
Oakland Park, FL 33093

Mailing Address

Ministerios Talabras De Vida
PO Box 934636
Pompano Beach
FL 33093

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *93-97*

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/25/88

5. FEI Number

65-0097178

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>T/D</i>	<i>Guerrero Margarita</i>	<i>4126 Inverrary Blvd Apt 2316</i>	<i>Lauderhill FL</i>
<i>V/D</i>	<i>Miguelim Gonzalez</i>	<i>5730 Lakeside Dr Apt 401</i>	<i>Margate FL</i>
<i>P/D</i>	<i>Raymond Gonzalez</i>	<i>11 11 11</i>	<i>11 11 Same</i>

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3/2/97

8. Name and Address of Current Registered Agent

Raymond Gonzalez
5730 Lakeside Dr Apt 401
Margate FL 33093

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *3/16/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

[Signature] *Raymond Gonzalez*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/97 (954) 9685519
Date Daytime Phone #

CR2040 (12/96)