

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 MAR 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33857

1. Corporation Name

IGLESIA CONFRATERNIDAD, INC.

Principal Place of Business

HURTADO, REV PERCY
10251 SW 64 ST
MIAMI FL 33173
US

Mailing Address

HURTADO, REV PERCY
10251 SW 64 ST
MIAMI FL 33173
US



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

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

935 NW 15th Avenue

Miami, FL

33125

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1989

5. FEI Number

65-0145695

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
DS	FORTUNA, NILDA Chavez, Victor	8213 SW 22 ST 12540 SW 6th Street	MIAMI FL, 33184
DT	NAJERA, SERGIO Martinez, Miriam	8000 SW 84TH AVE 11443 SW 148th Place	NORTH MIAMI FL Miami, FL 33196
D	ROAMIREZ, MANUEL	8871 FOUNTAIN BLUE RD APT 306	MIAMI FL
D	MONTERO, XAVIER	10035 SW 156TH AVE	MIAMI FL
D	ZEPEDA, LILY	4800 NW 5TH DT	MIAMI FL
D	FERMIN, MECEDEZ	6701 SW 28TH ST	MIAMI FL

8. Name and Address of Current Registered Agent

HURTADO, REV PERCY
935 NW 15TH AVE
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

REINSTATEMENT

800002122718-8

03/24/97-01201-011

****315-00-****315-00

State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

March 5, 1997

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

March 5, 1997 (305) 386-9900