

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

98 MAR 18 AM 11:20

DOCUMENT # **N35546**

1. Corporation Name

IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000002467250--3
-03/24/98--01107--002



REINSTATEMENT 98-97

Principal Place of Business

136 AVENIDA DEL CLUB
P O BOX 2401
CLEWISTON FL 33440-9401

Mailing Address

136 AVENIDA DEL CLUB
P O BOX 2401
CLEWISTON FL 33440-9401

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

12/04/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0166067

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LOPEZ, EVELIO	STAR ROUTE 186 MONTURA A	CLEWISTON FL
D	CALDERON, MAGDALENA	S.R. 832	CLEWISTON FL
D	SANTANA, MIGUEL	705 PALOMINO	CLEWISTON FL
D	SANTANA, AIDA	705 PALOMINO	CLEWISTON FL
D	QUINTANA, CANDIDO	BALD CYPRESS (MONTURA)	HIALEAH FL
D	LOPEZ, VICENTE	660 S JINETE	CLEWISTON FL

8. Name and Address of Current Registered Agent

CALDERON, MAGDALENA
136 AVENIDA DEL CLUB
CLEWISTON FL 33440

9. Name and Address of New Registered Agent

Name

Miguel A. Santana

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

484 Bald Cypress

Suite, Apt. #, Etc.

City

Clewiston

State
FL

Zip Code
33440

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

11/1/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/97

Daytime Phone #

(941) 983-2629

CR25040 (8/97)