

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N36564

1. Corporation Name

LA SAGRADA FAMILIA, INC.

Principal Place of Business

107-28 LIVERPOOL ST  
JAMAICA NY 11435

Mailing Address

107-28 LIVERPOOL ST  
JAMAICA NY 11435

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1990

5. FEI Number

59-2995575

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CERVANTES, ERNESTO	107-28 LIVERPOOL ST.	JAMAICA NY 11435
VD	CERVANTE, LUZ C	107-28 LIVERPOOL ST.	JAMAICA NY 11435
TD	PERALTA, MARGARITA	116 BELLANCA LN.	NEW CASTLE DE 19720
S	PERALTA, VINICIO Y	116 BELLANCA LN.	NEW CASTLE DE 19720

8. Name and Address of Current Registered Agent

LAWRENCE, JOHN M.  
9205 BANNERLAKE CIR  
#9205  
ORLANDO FL 32821

9. Name and Address of New Registered Agent

Name

DELSA M. SMITH

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

5951 ELMHURST RD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33417

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/15/01

11. 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 REQUIRED C. CERVANTES

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01

Daytime Phone #

718-297-1098

CR2E040 (8/01)