

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
98 FEB -5 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41403**

1. Corporation Name

IGLESIA CRISTIANA PUERTA DEL CIELO, ALPHA & OMEGA, INC.
5730 S.E. 113th Street
Bellview, FL 34420-2804

Principal Place of Business

Mailing Address

5730 S.E. 113th Street
Bellview, FL 34420-2804

REINSTATEMENT

94-98

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

07/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59 3048019**

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
P/T/D	CARMEN C HERNANDEZ	48 OAK RUN	OCALA FL 34472
T/T/D	MARIA GARCIA	2605 SW 147th Pl	OCALA FL 34474
T/S/D	ELIZABETH LORENZO	7620 SW 14th St	OCALA FL 34474
			600002427156--5
			-02/11798--01004--002
			****481.25 ****481.25

8. Name and Address of Current Registered Agent

CARMEN C HERNANDEZ
48 OAK RUN
OCALA, FL 34472

9. Name and Address of New Registered Agent

Name

TOMAS ALVAREZ

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

194 SANDALWOOD DR

Suite, Apt. #, Etc.

City

KISSIMEE

State

FL

Zip Code

34743

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

Carmen C. Hernandez
REGISTERED AGENT MUST SIGN

Date

1/20/98

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)(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

Carmen C. Hernandez - Pastor
CARMEN C. HERNANDEZ - PASTOR

1-30-98
Date

352-687-2804
Daytime Phone #