

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42436**

**1. Corporation Name**

THE HOLY WAY CHURCH, INC.

**2. Principal Office Address**

7949 NW 2 Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

U.S.A.

**3. Mailing Office Address**

7949 NW 2 Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

U.S.A.

**REINSTATEMENT 04-05**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 11, 1991

**5. FEI Number**

65-024657-1

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jose Luis Alvarez

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

1407 SW 19 Street

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33145

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Jose Luis Alvarez / 1407 SW 19 Street  
Miami, Fl. 33145

Date 10/24/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pre- sident	DANIEL GARNICKI	7949 NW 2 Street	Miami, Fl. 33126
Vice- Presdnt.	JOSE LUIS ALVAREZ	1407 SW 19 Street	Miami, Fl. 33145
Secre- tary	NUBIA CARDENAS	250 NW South River Drive #111	Miami, Fl. 33128

**10. 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:** JOSE LUIS ALVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/05 (305) 269-9911

Date

Daytime Phone #