

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

02 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47344

1. Corporation Name

IGLESIA BAUTISTA DE CARROLLWOOD, INC.

700005536937--2
-05/15/02--01019--009
****306.25 ****306.25

Principal Place of Business

Mailing Address

2905 SMITTER ROAD
TAMPA FL 33618
US

2905 SMITTER RD
TAMPA FL 33618
US

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

02/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3113123

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
C	QUIZADA VICTOR A JORDAN, GUILLERMO	15709 PENNINGTON RD 4727 WINDFLOWER CIR	TAMPA FL 33624 TAMPA FL 33624
DT	SANCHEZ, JOSE A.	15141 NIGHTHAWK DR.	TAMPA FL
DS	BARBOSA, YOLANDA	4501 RANCHWOOD LANE	TAMPA FL
D	JORDAN, GUILLERMO MONTANEZ, RUBEN	16516 SILVERHILL DR 5102 BELMERE PARKWAY	TAMPA FL TAMPA FL 33624
D	RODRIGUEZ, JOSE A	18003 PATHFINDER DR	TAMPA FL 33625
D	ERIC PEREZ	13705 STAGHORN RD	TAMPA FL 33626

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYER, GREGORY F.
2522 LAKE ELLEN LN
TAMPA FL 33618

Name

LUIS NIEVES

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

5091 OAKSHIRE DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

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 April 1, 2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO JORDAN
Pastor

April 1, 2002 813 962-6808

Date

Daytime Phone #

CR2ED40 (8/01)