

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG -2 PM 3:07

RELAY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47838**

1. Corporation Name

~~DIOS PENTECOSTES~~
Reedimidos Por La Sangre De
JESUS ASAMBLEA DE DIOS
Pentecostes INC. **W02-25774**

2. Principal Office Address - No P.O. Box #

10008 SW 103rd St
Suite, Apt. #, etc.

City & State

Fort Lauderdale FL
Zip Country

34956 **Martin**

3. Mailing Office Address

PO Box 9603
Suite, Apt. #, etc.

City & State

Port Saint Lucie FL
Zip Country

34985 **Port St. Lucie**

4. Date Incorporated or Qualified
To Do Business in Florida

2-27-02

5. FEI Number

05-5333637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **Carmen Estrada**

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

1958 SW Del Rio Blvd

Suite, Apt. #, Etc.

City **Port Saint Lucie**

State

FL

Zip Code

34953

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Carmen Estrada

REGISTERED AGENT MUST SIGN

Date **5-16-07**

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

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dr. Clemente Chaves	1958 SW Del Rio Blvd	Port St Lucie FL 34953
Dr. Carmen Estrada	1958 SW Del Rio Blvd	Port St Lucie FL 34953

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 contained in Chapter 119, 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:

Carmen Estrada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-07

Date

772-349-1510

Daytime Phone #