

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000154

1. Corporation Name

CATHOLIC CHARISMATIC COMMISSION FOR
SPANISH PRAYER GROUPS, INC.

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

11712 CARROLLWOOD COVE

Suite, Apt. #, etc.

3. Mailing Office Address

11712 CARROLLWOOD COVE

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

01-08-1993

5. FEI Number

59-3165908

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

ANGEL H ECHEVARRIA

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

1721 WEAVER DR.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

☐ 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

Angel H. Echevarria

Date

8/22/07

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
Pres.	MARIA RODRIGUEZ	17306 HUBERS CT	ODDESSA FL 33556
D	ANTONIO DIAZ, REV.	6819 KRYCAL RD	RIVERVIEW FL 33569
D	ANGEL H ECHEVARRIA	1721 Weaver Dr.	Lutz, FL 33549
T	ALEXIS VAZQUEZ ORTIZ	11712 CARROLLWOOD COVE	TAMPA, FL 33624

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.

813-264-9163

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexis Vazquez Ortiz - Treasurer 8/17/07

Date

Daytime Phone #