

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000776**

1. Corporation Name

**IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY, INC.**

Principal Place of Business

Mailing Address

27800 S.W. N3 ET  
 LEISURE CITY FL 33033

14820 S W 297 SE  
 LEISURE CITY FL 33033

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**29800 SW 153 CT**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~14820 S W 297 SE~~

Suite, Apt. #, etc.

City & State

**LEISURE CITY FLORIDA**

City & State

Zip **33033**

Country

Zip

Country

**REINSTATEMENT 83**

4. Date Incorporated or Qualified To Do Business in Florida

03/15/1993

5. FEI Number

65-0145695

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AT	OMANO, MISAEAL	2616 SE 21 CT	HOMESTEAD FL 33035
D	AZPURO, ANGELITA	30011 SW 149 CT	LEISURE CITY FL 33033
T	GOMEZ, ELVIRA J	14820 SW 927 ST	HOMESTEAD FL 33033
S	MOJICA, MICAGRO	29720 SW N8 PL	HOMESTEAD FL 33033
D	CABELLERO, RAFAELA	20911 SW 118 AV	MIAMI FL 33179
D	MARQUEZ, LUIS	29725 SW N2 CT	LEISURE CITY FL 33033

8. Name and Address of Current Registered Agent

HERNANDEZ, REV. ALVARO  
 14820 SW 297 SE  
 LEISURE CITY FL 33033

9. Name and Address of New Registered Agent

Name

**REV. ALVARO HERNANDEZ - D =**

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

**9460 MONTEGO BAY DR**

Suite, Apt. #, Etc.

**300023961973**

City

**MIAMI**

10/21/03--01029--00

State # Zip Code

**FL**

**33189**

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. or 617.0505, F.S.

Signature of Registered Agent

*Signature of Registered Agent*

REGISTERED AGENT MUST SIGN

Date

**007-14/03**

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 of Signing Officer or Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**007-14/03**

Daytime Phone #

CR2E040 (7/03)