

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900176012889
05/10/10--01077--001 **140.00

900176012889
04/15/10--01041--004 **236.25

REINSTATEMENT 05-10

DOCUMENT # *N 9300000 1276*

1. Corporation Name

*Primera Iglesia Hispana
Discipulos de Christo de Sebring
WID-18602*

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

3700 Schumacher Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3700 Schumacher Rd.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33870

Country

Zip

33872-2619

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

051025288

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

Felix Agosto

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

3126 Grouper Dr.

Suite, Apt. #, Etc.

City *Sebring*

State

FL

Zip Code

33870

☒ 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

REGISTERED AGENT MUST SIGN

Date

4/13/10

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
<i>PD</i>	<i>Agosto, Felix</i>	<i>3126 Grouper dr.</i>	<i>Sebring, FL 33870</i>
<i>T</i>	<i>Julia C. Ortiz</i>	<i>130 Logdat Rd N.W.</i>	<i>Lake Placid, 33862</i>
<i>TD</i>	<i>Rosa Agosto</i>	<i>3126 Grouper dr</i>	<i>Sebring, FL 33870</i>
<i>C</i>	<i>Rivera Loyda</i>	<i>111 Orange Rd N.W.</i>	<i>Lake Placid, FL 33862</i>
REINSTATEMENT <i>RH</i>			

10. E-mail Address: *rosita1343@yahoo.com*

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/10 *273-9027*