

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 094-3284

1. Corporation Name

1ST CHRISTIAN CHURCH REMANENTE FIEL OF OCALA

Principal Place of Business

Mailing Address

217 NE 13th Street
Ocala, Florida 34470

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

n/a

City & State

n/a

Zip

n/a

Country

Zip

n/a

Country

n/a

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pastor	Erick R. Freytes	9830 SE 36th Ave	Bellevue, FL 34420
Treasurer	Anselmo Barreto	17 Cedar Dr	Ocala, FL 34472
Secretary	Daniel L. Bonilla	7125 SW 17th Pl	Ocala, FL 34474

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lillian Marin
401 SE 19th Ave
Ocala, FL 34471

Name

Erick R. Freytes

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

9830 SE 36th Ave

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

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

Erick R. Freytes

REGISTERED AGENT MUST SIGN

Date

12-3-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

FILED

98 DEC 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E040 (1/88)