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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 29 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700044536289  
01/11/05 01038 002 \*\*61.25

**REINSTATEMENT 04**  
MRB

DOCUMENT # *N94000003286*

**1. Corporation Name**

*1st Christian Church Remanente Fiel  
of Ocala, Inc.*

**2. Principal Office Address**

*217 NE 13 St*

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

*Same*

**City & State**

*Ocala,*

**City & State**

*Fl*

**Zip**

*34470*

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*7-1-94*

**5. FEI Number**

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**

*DANIEL L. BONILLA*

*900044536289*

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

*7125 SW 17 PLACE*

*01/11/05 01048 001 \*\*78.00*

**Suite, Apt. #, Etc.**

**City**

*OCALA FL 34474*

**State**

*FL*

**Zip Code**

*34474*

**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

*Daniel L. Bonilla*

Date

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
PASTOR	FREYTES, RICK R	9830 SE 36 AVE.	BELLEVUE, FL 34420
LC. PASTOR	RAMOS, BIENVENIDO	16580 SW 47 St.	OCALA, FL. 34473
SEC.	DIAZ, BRUNDA	217 N.E. 13 St.	OCALA, FL. 34470
DEC	BONILLA, DANIEL	7125 SW 17 PL.	OCALA, FL 34474

**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 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:**

*Daniel L. Bonilla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

292

12/29/04

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT OUR  
CONGREGATION DID NOT RECEIVE  
THE 2004 ANNUAL REPORT.

Rachel L. Smith