

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 FEB 25 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004178

1. Corporation Name

NORTHWEST FLORIDA SPANISH CHURCH, INC.

Principal Place of Business

5820 MONTGOMERY AVE.
PENSACOLA FL 32526

Mailing Address

5820 MONTGOMERY AVE.
PENSACOLA FL 32526

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3288514

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PEREZ, FELIX JR	617 S CHASEVILLE STREET	PENSACOLA FL 32507
DV	SWANAGAN, LONNIE	111 GARFIELD ROAD	PENSACOLA FL
DS	CARRASQUILLO, LUIS F	2397 A ROBERTS COURT	PENSACOLA FL 32507

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REINSTATEMENT

97-98
SC 2-25-98

8. Name and Address of Current Registered Agent

PEREZ, FELIX JR.
5820 MONTGOMERY AVE.
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 02-23-98

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

02-23-98

Date

850 944-1223

Daytime Phone #

CFR25040 (8/97)