

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 12 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005431**

1. Corporation Name

**Centro Cristiano de Dios of Seminole
County, Inc.**

2. Principal Office Address

1779 Concert Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2916

Suite, Apt. #, etc.

City & State

Deltow FL

Zip **32738**

Country

Volusia

City & State

SANford FL

Zip

32772

Country

SEminole

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-94

5. FEI Number

59-32904025

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

Julio Galarza

200005492262-8

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

1779 Concert Rd

Suite, Apt. #, Etc.

-05/08/02--01057--020

******367.50 ****367.50**

City

Deltow FL 32738

State
FL

Zip Code

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

Julio Galarza

REGISTERED AGENT MUST SIGN

Date **3-18-02**

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
President	Julio Galarza "D"	1779 Concert Rd	Deltow FL 32738
V.P.	Pedro Pomales "D"	871 Atmore Cir.	Deltow FL
Sec.	Raymond Figueroa "T"	115 St Rd 46 APT 115	SANford FL 32772

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

Date

Daytime Phone #

CR2E081 (9/01)