

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 FEB -7 PM 3:01

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # U94000005431

1. Corporation Name  
MISION EVANGELICA Jesucristo es el Señor  
of Volusia County

W0600004037

900066254969  
02/21/06--01018--003 \*\*367.50

CR2E081 (12/05)

2. Principal Office Address

1779 Concert Rd.

Suite, Apt. #, etc.

City & State

Deltona FL

Zip

32738

Country

Volusia

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Deltona FL

Zip

32738

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-31-94

5. FEI Number

42-1684697

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

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

1779 Concert Rd

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-16-06

**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
P	Julio GALARZA	1779 Concert Rd	Deltona FL 32738
V.P.	ALVAH GALARZA	1779 Concert Rd	Deltona FL
ST	Elizabeth Cammy	2662 N Juliet Dr	Deltona FL 32738

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 contained in Chapter 119, 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

[Signature]

Date

1-16-06

Daytime Phone #

M. Williams FEB - 7 2006