

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 #N94000005910 (4)

1. Corporation Name

CENTRO EVANGELISTICO DE AVIVAMIENTO, INC.  
EVANGELISTIC REVIVAL CENTER, INC (English) \*

Principal Place of Business

Mailing Address

14246 BOGGY CREEK RD. PO. BOX 590003  
ORLANDO, FL. 32824 ORLANDO, FL. 32859

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

DECEMBER 1, 1994

5. FEI Number

59-3295430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 15-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MARYBETH BETANCOURT (D)	2919 FOX SQUIRREL DR.	KISSIMMEE, FL. 34741
T	AWILDA MORALES (D)	212 ASHFORD PLACE	KISSIMMEE, FL. 34758
S	GITSIE CARINO (D)	518 ROYAL PALM, DR.	KISSIMMEE, FL. 34743
M	ANTONIO CARINO (D)	518 ROYAL PALM, DR.	KISSIMMEE, FL. 34743
JRA	LEMUEL BETANCOURT (D)	2919 Fox Squirrel Dr	KISSIMMEE, FL. 34741

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REV. LEMUEL BETANCOURT  
14246 BOGGY CREEK RD.  
ORLANDO, FL. 32859

Name

Street Address (P.O. Box No.)

Suite, Apt. #, Etc.

City

State

FL

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

LEMUEL BETANCOURT

Date 2/4/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Lemuel Betancourt (907) 856-0025

Date

Daytime Phone #

CR2E040 (12/95)