

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -2 PM 3:26

DOCUMENT # N95000000206

1. Corporation Name

FINAL HARVEST INTERNATIONAL CHURCH, INC.

Principal Place of Business

Mailing Address

11609 S. ORANGE BLOSSOM TRAIL  
SUITE 203  
ORLANDO FL 32837  
US

P.O. BOX 770924  
ORLANDO FL 32837  
US

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

01/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3295310

Applied For

City & State

City & State

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LANDRAU, PETER	2807 PARLEY DRIVE	ORLANDO FL 32837
<del>SD</del>	<del>HIRALDO, NILSA</del>	<del>163 HIDDEN SPRINGS</del>	<del>KISSIMMEE FL 34743</del>
<del>T</del>	<del>HORACIO GUEVARA</del>	<del>13348 FAIRWAY GLENN #202</del>	<del>ORLANDO FL 32824</del>
PD	LANDRAU, PETER	15711 AVLEIGH Circle	Orlando, FL 32824
SD	Daisy Maldonado	830 Jenkins Street	Kissimmee, FL 34741
T/D	Eddie Basora	13615 Tetherline Trail	Orlando, FL 32837

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANDRAU, PETER REV.  
1577 AVLEIGH CIR  
ORLANDO FL 32824

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

11. 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

Date

Daytime Phone #

CR2040 (8/00)