

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 # N96000000446

1. Corporation Name

ERMITANOS MISIONEROS DEL PADRE CELESTIAL, INC.

Principal Place of Business

Mailing Address

~~3061 SW 109 COURT~~
MIAMI FL 33165

~~3061 SW 109 COURT~~
MIAMI FL 33165

2414 SW 112 PL.

2414 SW 112 PL.

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

2. New Principal Office Address, If Applicable

2414 SW 112 PL. MIAMI
Suite, Apt. #, etc. FL 33165

3. New Mailing Office Address, If Applicable

2414 SW 112 PL. MIAMI, FL.
Suite, Apt. #, etc. 33165

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip 33165

Country DADE

Zip 33165

Country DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1996

5. FEI Number

65-0669807

Applied For

Not Applicable

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
D	CAPUANO, MARIA E	2414 SW 112 PLACE	MIAMI FL 33165
D	DIAZ, MARIA E	3061 SW 109 COURT	MIAMI FL 33165
D	LOOTENS, FR. ANTONIO O.P.C.	3061 SW 109 COURT	MIAMI FL 33165

400002350914--0
-11/18/97--01081--005
***236.25 ***236.25

8. Name and Address of Current Registered Agent

DIAZ, MARIA E
3061 SW 109 COURT
MIAMI FL 33165

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/11/97

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/11/97

Daytime Phone #

REINSTATEMENT

9700

FILED

97 NOV 16 AM 8:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2ED40 (8/97)