

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 10 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00

DOCUMENT # N96000000841

1. Corporation Name

LA SENDA ANTIGUA (PENTECOSTAL CHURCH OF THE OLD
PATH) OF NAPLES, INCORPORATED

Principal Place of Business

Mailing Address

6020 RADIO RD.
NAPLES FL 34104

986 COCONUT CIR. W.
NAPLES FL 34104



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

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1996

5. FEI Number

65-8822360

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RIVERA, REVEREND W	986 COCONUT CIR. W.	NAPLES FL 34104
VPD	GARCIA, BASILIO	6712 RIVER ROAD	TAMPA FL 33615
SD	MENDEZ, DAISY J	10107 TIMBER OAK	TAMPA FL 33615
TD	ROSARIO, FRANCISCO JR	176 OSPREYS LANDING 703	NAPLES FL 34104
MP	MENDEZ, LUIS	10107 TIMBER OAK	TAMPA FL 33615
MD	RIVERA, LEIDA J	986 COCONUT CIR. W	NAPLES FL 34104

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, JAMES C JR
STEWART & STORTER, ATTORNEYS AT LAW
2121 COUNTRY RD. 951, STE. 101
GOLDEN GATE FL 33999

Name

600003178386--7

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

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 #

02-04-00

CR2E(40) (8/99)