

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000841

1. Corporation Name

LA SENDA ANTIGUA (PENTECOSTAL CHURCH OF THE OLD PATH)

REINSTATEMENT 03-04

2. Principal Office Address

6020 Radio Road

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Office Address

9180 Galleria Ct.

Suite, Apt. #, etc.

Suite 700

City & State

Naples, FL

Zip

34109

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/1996

5. FEI Number

65-0822360

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

James C. Stewart, Jr.

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

9180 Galleria Court

Suite, Apt. #, Etc.

Suite 700

City

Naples, FL

State

FL

Zip Code

34109

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 3/15/04

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/D	Rev. W. Rivera	986 Coconut Circle	Naples, FL 34104
V/S/D	Jose Dones	6712 River Road	Tampa, FL 33615
T/D	Leida J. Rivera	986 Coconut Circle	Naples, FL 34104
D	Garcia Damans	12036 Citterley Lane	Naples, FL 34104
D	Rachel Rivera	986 Coconut Circle	Naples, FL 34104

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 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

3/15/2004

Date

239-643-3187

Daytime Phone #

CR2E081 (01/04)