

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -9 AM 7:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000004775

1. Corporation Name

IGLESIA DE DIOS ROCA DE REFUGIO DE LAKELAND, INC

Principal Place of Business

Mailing Address

1250 E. PARKER ST
LAKELAND FL 33801
US

1250 E. PARKER ST
LAKELAND FL 33801
US



REINSTATEMENT 63-04

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

09/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3531980

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	OQUENDO, NYDIA L	1250 E. PARKER STREET	LAKELAND FL 33801
TD	CEDENO, ROSITA	1335 E. PARKER ST	LAKELAND FL 33801
D	LEBRON, HECTOR	8135 BUCKSAW DRIVE	ORLANDO FL
D	FONTANEZ, GENARO	1250 E. PARKER STREET	LAKELAND FL 33801
SD	LEBRON, RAQUEL	8135 BUCKSAW DRIVE	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OQUENDO, NYDIA L 1250 E. PARKER STREET LAKELAND FL 33801	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 12/20/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/20/03 Daytime Phone #