

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA100000003478

1. Corporation Name

Circulo De Oracion De Orlando, INC.

2. Principal Office Address

1395 San Luis Ct.
Winter Spring, FL 32708

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1395 San Luis Ct
Winter Spring, FL 32708

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400003523914--0

-01/04/01--01098--017

****245.25 ****245.25

99-00

7. Name and Address of Current Registered Agent

Name

Rivera, Liliana

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

1395 San Luis Ct

Suite, Apt. #, Etc.

Winter Spring

City

State

FL

Zip Code

32708

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****\$1.25 ****\$1.25

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

Liliana Rivera

Date

10-16-00

REGISTERED AGENT MUST SIGN

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
D	D- Liliana Rivera 1395 San Luis Ct W-Spring FL 32708	1395 San Luis Ct W-Spring, FL 32708	W. Spring FL 32708
O	Jose E. Medina W-Park 423 James Town Dr. 32792 FL	606 James Town W-Park, FL 32792	W. Park FL 32792
D	Isabelinda Rivera 1395 San Luis Ct W-Spring FL 32708	1395 San Luis Ct W-Spring FL 32708	W. Spring FL 32708

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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:

Liliana Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

407-977-6445

Daytime Phone #