

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 25 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005478

1. Corporation Name

Circulo De Oración De Orlando, Inc.

W05-9892

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

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-24-1996

5. FEI Number

NOT Applicable

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

Liliana Rivera

300049905833

04/05/05--01055--006 **236.29

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

1395 San Luis Ct

Suite, Apt. #, Etc.

300049905833

04/05/05--01055--007 **131.50

City

Winter Spring

State

FL

Zip Code

32708

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

REGISTERED AGENT MUST SIGN

Date

2/17/05

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	Liliana Rivera	1395 San Luis Ct Winter Spring FL 32708	Winter Spring FL 32708
D	Isabelino Rivera	1395 San Luis Ct Winter Spring FL 32708	Winter Spring FL 32708
D	José E. Medina	118 Crown Colony Way Sanford FL 32711	Sanford FL 32711

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:

Rev. Liliana Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

Date

407-977-6495

Daytime Phone #

CR2E081 (01/04)