

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 27 PM 3:05

DOCUMENT # N96000006365

1. Corporation Name
CHRISTIAN FAMILY CENTER OF RIVERVIEW, INC.

W9800002725

Principal Place of Business
12001 Big Bend Rd.
Mailing Address
P.O. Box 1221
RIVERVIEW, FL 33568

REINSTATEMENT 99-99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1996	
City & State		City & State		5. FEI Number	
Zip		Country		#680621919	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for certain entities	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	HECTOR COLLAZO	11004 SCOTT LOOP	RIVERVIEW FL 33569
D	ARTEMIO ESTEVA	12914 LOVERS LN	RIVERVIEW FL 33569
D	VICTOR BALDERAS	1328 ATLANTIC DR	RUSKIN FL 33570
			000002974660--9
			-08/31/99--01051--001
			*****8.75 *****8.75
			5/18/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HECTOR COLLAZO 11004 SCOTT LOOP RIVERVIEW FL 33569	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	000002974660--9
	-08/31/99--01051--002
	*****8.75 *****8.75
	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 [Signature] Date 5-14-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] Date 5-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #