

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:35

DOCUMENT # N96000006561

1. Corporation Name

Primera Iglesia Hispana de Clermont, Inc.

Principal Place of Business

Mailing Address

359 Pebble Court
Clermont, Florida 34711

REINSTATEMENT

97-00

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

359 Pebble Court

Suite, Apt. #, etc.

12-26-96

5. FEI Number

Applied For

City & State
Clermont, Florida

City & State

59-3561730

Not Applicable

Zip Country
34711 USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Ricardo Orsini	359 Pebble Court	Clermont, Florida 34711
VP/T/D	Anthony Candelario	1652 Glenheaven Circle	Ocoee, Florida 34761
S/D	Lucy Negron	562 Roozer Street	Apopka, Florida 32712
D	Fernando Lopez	328 E. Smith Street	Winter Garden, Florida 34787
D	Felix Martinez	2866 Plaza Terrace Drive	Orlando, Florida 32803
D	Edwards Ayllon	9421 Budwood Street	Gotha, Florida 34134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Ricardo Orsini

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

359 Pebble Court

Suite, Apt. #, Etc.

City

Clermont

State and Zip Code

700003372347-2

-08/30/00 FL004571006

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605 F.S.

Signature of
Registered Agent

[Signature]

Date

8/10/00

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00

AD

CR2E081 (12/98)