

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **N96000006561**

1. Corporation Name

**PRIMERA IGLESIA HISPANA DE CLERMONT, INC.**

Principal Place of Business

Mailing Address

359 PEBBLE COURT  
 CLERMONT FL 34711

359 PEBBLE COURT  
 CLERMONT FL 34711

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~325 Ocoee-Apopka Road~~

Suite, Apt. #, etc.

~~Ocoee (FL 34761)~~

City & State

~~FL~~

Zip

~~34761~~

Country

~~US~~

3. New Mailing Office Address, If Applicable

~~PO Box 217~~

Suite, Apt. #, etc.

~~Ocoee (FL - 34761)~~

City & State

~~FL~~

Zip

~~34761~~

Country

~~US~~

4. Date Incorporated or Qualified To Do Business in Florida

12/26/1996

5. FEI Number

59-3561730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**FILED**  
 04 MAR 29 AM 11:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT B-04**

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              | ORSINI, RICARDO                                  | 359 PEBBLE COURT   | CLERMONT FL 34711                                 |
| <del>VPTD</del> | <del>CANDELARIO, ANTHONY</del>                   | <del>1652 GLENHAVEN CIRCLE</del>                             | <del>OCOEE FL 34761</del>                         |
| SD              | <del>TORRES, CAROLYN L</del><br>Stephanie Orsini | <del>8930 VALENCIA GARDENS DR</del><br>15629 Johns Lake Road | <del>ORLANDO FL 32825</del><br>CLERMONT, FL 34711 |
| D               | LOPEZ, FERNANDO                                  | <del>328 E. SMITH STREET</del><br>1421 Daniels Cove Drive    | WINTER GARDEN FL 34787                            |
| <del>D</del>    | <del>LAUREANO, ERNESTO</del>                     | <del>10438 LAKE 4 NELLIE RDVE</del>                          | <del>CLERMONT FL 34711</del>                      |
| TD              | Gilbert Lopez                                    | 3 Hemlock Loop TR<br>Ocala, FL                               | Ocala, FL 34472                                   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORSINI, RICARDO  
 359 PEBBLE COURT  
 CLERMONT FL 34711

Name

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

800029736288

Suite, Apt. #, Etc.

03/02/04--01059--011 \*\*\*306.45

City

State

FL

Zip Code

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

Ricardo Orsini

Date

2-19-04

REGISTERED AGENT MUST SIGN

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:

Stephanie Orsini

2-19-04

407-656-8210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)