

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JUL 10 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197000000581

1. Corporation Name

St. John's Presbyterian Church of Orlando, Florida

W12-34855

2. Principal Office Address - No P.O. Box #

800 Jamajo Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32803

Country

(Orange)

Zip

Country

CR26081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1997

5. FEI Number

☐ 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

Estrada, Luis

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

254 Robin Road,

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701 Sharon Getze

000236942270
06/28/12--01002--007 ***358.75

10-12

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

Luis Estrada

REGISTERED AGENT MUST SIGN

Date

July 5, 2012

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
Treas	Luis Estrada	254 Robin Road,	Altamonte Springs, FL 32701
d.r	Gladys Irrizarry	2000 E Hillcrest St #1204	Orlando, FL 32803
d.r	Juanita Kinnard	2625 Aien Street	Orlando, FL 32817
V.P	Allen Quinn	9427 6th Ave	Orlando, FL 32824
Prs	Paul Urich	20 E. Preston Street	Orlando, FL 32804
d.r	Virginia Teston	905 Jamajo Boulevard	Orlando, FL 32803

10. E-mail Address: burich@cuonline.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Luis Estrada

Luis Estrada 407/260-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$358.75