

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N97000003220

1. Corporation Name

HERMANDAD DEL SENOR DE LOS MILAGROS DE LA FLORI  
DA CENTRAL, INC.

Principal Place of Business

1154 W. HWY 436  
ALTAMONTE SPRINGS FL 32714

Mailing Address

1154 W. HWY 436  
ALTAMONTE SPRINGS FL 32714

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

08-990  
188  
3/24/99

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1997

5. FEI Number

59-3473581

Applied For

Not Applicable

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip  |
|---------------|---|--|--------------------------|
| PRES.         | FERNANDO CONDEMARIN (D)                   | 1154 W HWY 436 ALTAMONTE SPRINGS, FL.  | 32714                    |
| V. Pres.      | CEGAR NAVARRO (D)                         | 1380 Guineberry Dr.  | Casselberry, FL. 32707   |
| Sec.          | MANUEL GUTIERREZ (D)                      | 1290 Andes Dr.   | Winter Springs, FL 32708 |
| Treas.        | Metodio Perez (D)                         | 162 Chicago Wood Cir   | Orlando, FL. 32824       |
|               |   |  |                          |
|               |   |  |                          |

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

CONDEMARIN, FERNANDO  
1701 KENLYN DR.  
LONGWOOD FL 32779

Name

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

Suite, Apt. #, Etc.

City

0000028273501-5

04/01/99 0119 018

\*\*\*235.25 \*\*\*235.25

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

*Fernando Condemarin*  
REGISTERED AGENT MUST SIGN

Date

12/21/98

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:

*Fernando Condemarin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99  
Date

(407) 788-2199  
(407) 869-6300

CR2E040 (9/98)