

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 18 AM 9:45

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 97000004912

1. Corporation Name

EL BUEN PASTOR DE BROWARD, INC

000181049010  
05/18/10--01023--003 \*\*236.25

**REINSTATEMENT** 2010

CR2E081 (4/10)

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

3270 NW 22 AVE

3. Mailing Office Address

3270 NW 22 AVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/1997

5. FEI Number

650793039

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

RAQUEL ALMENAR

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

3270 NW 22 AVE

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33309

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

Raque Almenar

REGISTERED AGENT MUST SIGN

Date 05-17-2010

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
PD	Almenar-Pacheco, Raquel	3270 NW 22 AVE	OAKLAND PARK, FL 33309
VP	SARNELI MATOS	3270 NW 22 AVE	OAKLAND PARK, FL 33309
T	ELADIA ILES	3270 NW 22 AVE	OAKLAND PARK, FL 33309

10. E-mail Address: vaquelap@comcast.net

(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., 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.

SIGNATURE:

Raque Almenar Raquel Almenar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-10

Date

954 793 0161

Daytime Phone #