

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005835**

1. Corporation Name

IGLESIA CRISTIANA DE DELTONA (DISCIPLES OF CHRIST) INC.

Principal Place of Business

Mailing Address

1596 ENTERPRISE OSTEEN
ENTERPRISE FL 32725
US

1596 ENTERPRISE OSTEEN
ENTERPRISE FL 32725
US

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

03



09/24/03 01076 002 \$61.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1997

5. FEI Number

59-3420362

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MD	DUGUE, AWILDA	1726 PINE AVE	DELAND FL 32724
T	RODRIGUEZ, HECTOR	3114 LYNNHAVEN ST	DELTONA FL 32738
FSD	REYES, AMERICA	714 PRESTON AVE	DELTONA FL 32738
T	DUGUE, JOSE	1726 PINE AVE	DELAND FL 32724

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORTES, DAVID
2972 PORTSMOUTH ST
DELTONA FL 32738

Name

DAVID CORTES

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

2972 Portsmouth St.

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

David Cortes
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Awilda Dugue
SIGNATURE (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 1-407-328-5756

CR2E040 (7/03)