

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000006281

1. Corporation Name

CENTRO CRISTIANO AGAPE DE LAS ASAMBLEA DE DIOS I
NC.

Principal Place of Business

Mailing Address

1725 S. VOLUSIA AVE.
ORANGE CITY FL 32763P. O. BOX 0396
DELTONA FL 32739
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

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1997

5. FEI Number

59-3485616

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
TP	SUAREZ, REV. DAVID	343 DIRKSEN DR #5G	DEBARY FL 32719
TD	CORDERO, CHRISTINA	2947 E WAGO DR	DELTONA FL 32738
T	HERNANDEZ, GERMAN	1447 LAVENDER ST.	DELTONA FL 32725
TP	JOSE A Gonzalez (Rev.)	1621 N. NORMANBY BLVD.	DELTONA FL 32725
TD	Ivette Perez	1225 SACRAMENTO STREET	DELTONA FL 32725
T	Josefina Ramirez	2865 Ginklet Drive	DELTONA FL 32738

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SUAREZ, DAVID~~
~~343 DIRKSEN DR~~
~~APT 5G~~
~~DEBARY FL 32719~~

Name

REV. JOSE A. GONZALEZ

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

1621 N. NORMANBY BLVD.

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

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

REGISTERED AGENT MUST SIGN

900005134309--4

-03/19/02--01049--002

****297.50 ****297.50

Date

10/17/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A GONZALEZ

Date

Daytime Phone #

10/17/01 (386) 532-7004