

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006281

1. Corporation Name

1912SIA - "UN NUEVO COMIENZO .. DE LAS ASAMBLEA DE DIAS INC.

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

1725 VOLUNIA AVE.

3. Mailing Office Address

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY

City & State

DELTONA FL

Zip

32763

Country

VOLUNIA

Zip

32739

Country

LOUISIA

7. Name and Address of Current Registered Agent

Name

Rev. JOSE A GONZALEZ

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

601 ACACER GROVE DR

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/23/10

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
PDC	GONZALEZ JOSE A Rev.	601 ACACER GROVE DR	DELTONA FL 32725
TD	FIGUEROA, MARICOL	1125 17th ST	ORANGE CITY 32763

X 3/3

10. E-mail Address:

jgonzalez233@CFL.CF.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., 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:

[Signature]

JOSE A GONZALEZ

2/23/10

386 216-6582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500171026125

03/02/10--01027--022 **183.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593485614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status