

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 11 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000160

1. Corporation Name

"AMAZING GRACE" CHRISTIAN CHURCH INC.

Principal Place of Business

Mailing Address

P.O. BOX 831622  
MIAMI FL 33283-1622

P.O. BOX 831622  
MIAMI FL 33283-1622

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

01/12/1998

5. FEI Number

65-0805061

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
PD	SEVILLA, CARLOS	14901 SW 69 STREET	MIAMI FL 33193
SD	PEREZ, ANGIE	2731 SW 96 AVENUE	MIAMI FL 33165
<del>TD</del>	<del>GARCIA, JULIO E</del>	<del>12241 SW 188 ST</del>	<del>MIAMI FL 33177</del>
TD	RODRIGUEZ, ORLANDO J	12241 SW 188 ST 5865 SW 89 AVE	MIAMI FL 33177 33173

8. Name and Address of Current Registered Agent

GARCIA, JULIO E  
14244 SW 53 STREET  
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

CARLOS SEVILLA

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

14901 SW 69 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

*Carlos Sevilla* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12/30/99

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.

KE

SIGNATURE:

*Orlando J. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/99 (305) 2794152

Daytime Phone #

CR2E040 (8/99)