

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000001048

1. Corporation Name

CASA DE ADORACION EMANUEL, INC.

Principal Place of Business

509 S ATLANTA ST
QUINCY FL 32351

Mailing Address

4263 CARNWATH
TALLAHASSEE FL 32303

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

02/20/1998

5. FEI Number

59-0873652

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	RIOS, ADRIAN	4263 CARNWATH RD	TALLAHASSEE FL 32303
TD	CASIA, FRANCISCO Yañez, Enrique	614 E. BETLINE 2304 Clara Kee Blvd.	QUINCY FL 32351 Tallahassee, FL 32303
SD	RIOS, VERONICA Y	719 W. WASHINGTON ST 4263 Carnwath Rd	QUINCY FL 32351 Tallahassee, FL 32303
VD	Casia, Francisco	614 E. Betlinet	Quincy, FL 32351

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIOS, ADRIAN
4263 CARNWATH RD
TALLAHASSEE FL 32303

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date 12-12-03

REGISTERED AGENT MUST SIGN

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

Veronica Y Rios

12-12-03 562-0443

Date

Daytime Phone #

FILED
03 DEC 31 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2EC040 (7/03)