

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000005383

1. Corporation Name

EMMANUEL'S HOUSE OF RESTORATION, INC.

Principal Place of Business

11770 N US HWY 301  
OXFORD FL 34484

Mailing Address

PO BOX 119  
LADY LAKE FL 32158-0119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

50 East Magnolia St #D

City & State

Apopka, FL

Zip

32703

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. 4072

City & State

Apopka, FL

Zip

32704-4072

Country

REINSTATEMENT

00-0

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1998

5. FEI Number

59-3476213

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	VELAZQUEZ, ELIZABETH	<del>100 WINNERS CIRCLE</del> 50 E. Magnolia St Apt D	<del>LADY LAKE FL 32158</del> Apopka, FL 32703
D	VELAZQUEZ, STEVEN	<del>100 WINNERS CIRCLE</del> 50 E. Magnolia St. Apt. D	<del>LADY LAKE FL 32158</del> Apopka, FL 32703
<del>B</del> S/D	<del>FELICIANO, VICTOR E</del> Terri Smith	<del>1000 N US HWY 301</del> 2986 Sun Pointe	<del>OXFORD FL 34484</del> Kissimmee, FL 34741
<del>B</del> T/D	<del>BAUZA, CARMEN</del> Elmelda Soto	<del>88 HICKORY LOOP</del> 1216 Berwick Dr.	<del>OCALA FL 34472</del> Leesburg, FL 34748
D	<del>TEJADA, DORIGIO</del> Gertrude Chapman	<del>3010 SW 140</del> 1523 Thornhill Cir.	<del>OCALA FL 34472</del> Oviedo, FL 32765

8. Name and Address of Current Registered Agent

VELAZQUEZ, ELIZABETH  
1896 N US HWY 301  
OXFORD FL 34484

9. Name and Address of New Registered Agent

Name

Elizabeth Velazquez

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

50 E. Magnolia St

Suite, Apt. #, Etc.

Apt. D

City

Apopka

State

FL

Zip Code

32703

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

*Signature of Registered Agent*  
REGISTERED AGENT MUST SIGN

Date

4-10-01

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 of Officer or Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

407-880-5886