

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 23 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/04/07--01039--001 **192.50

REINSTATEMENT

CR2E081 (1/07)

05-07

DOCUMENT # **N98000005383**

1. Corporation Name

**Emmanuel's House of
Restoration, Inc.**

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

2706 Rivers End Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 678323

Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Orlando, FL.

Zip

32817

Country

Orange

Zip

32867

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-16-1998

5. FEI Number

593476213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elizabeth Velazquez

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

7835 Pine Crossing Cir.

Suite, Apt. #, Etc.

#1022

City

Orlando

State

FL

Zip Code

32807

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elizabeth Velazquez

REGISTERED AGENT MUST SIGN

Date

3/16/07

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
PO	Elizabeth Velazquez	7835 Pine Crossing Cir. #1022	Orlando, FL. 32807
VTD	Steven Velazquez	7835 Pine Crossing Cir. #1022	Orlando, FL. 32807
SD	Jose Diaz	10100 Aleock Rd	Orlando, FL. 32817
TD	Maribel Valdez	570 Willow Pond Ct #101	Orlando, FL. 32825

10. 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 contained in Chapter 119, 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:

Elizabeth Velazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07

Date

407-276-0930

Daytime Phone #

K. Eckel MAR 28 2007