

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 PM 4:25

DOCUMENT # *N 98000005817*

1. Corporation Name

*SOUTH Florida Spanish youth ministries
Inc.*

2. Principal Office Address

14314 SW 163 Terrace

Suite, Apt. #, etc.

Office

City & State

Miami Fla

Zip

33177

Country

USA

3. Mailing Office Address

P O Box 770245

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33177

Country

USA

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

5. FEI Number

65-1038855

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

William Barrera

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

14314 SW 163 Terrace

Suite, Apt. #, Etc.

Office

City

Miami Fla

State

FL

Zip Code

33177

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

William Barrera

REGISTERED AGENT MUST SIGN

Date *10.31.2001*

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
<i>president</i>	<i>Director (D) William Barrera</i>	<i>14314 SW 163 Terrace</i>	<i>Miami Fla 33177</i>
<i>vice-president</i>	<i>director (D) David Barrera</i>	<i>101 SE 41 ST</i>	<i>Hialeah Fl 33013</i>
<i>secretary</i>	<i>Trustees Soray Uriarte</i>	<i>3090 NW 2 ST</i>	<i>Miami Fla 33125</i>
<i>Treasurer</i>	<i>Trustees Maria Harris</i>	<i>2466 SW 162 Terrace</i>	<i>Miramor Fla 33027</i>
			<i>33177</i>

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 under section 119.07(3)(l), 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: *William Barrera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 31 2001 (305) 969 7379

Date

Daytime Phone #

CR2E081 (9/00)