

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 MAY 10 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9800000 6458

1. Corporation Name

ROSA DE SARONIS CHURCH INC.

2. Principal Office Address

117 N. HWY 17/92

3. Mailing Office Address

3601 BAKER AVE. #96

Suite, Apt. #, etc.

32

Suite, Apt. #, etc.

96

City & State

Haines city, FL

City & State

Haines city, FL

Zip

33844

Country

USA

Zip

33844

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/98

5. FEI Number

☒ 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

TOMAS HERRERA

300004217183--2

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

3601 BAKER AVE. #

05/15/01-01073-003

****192.50 ****192.50

Suite, Apt. #, Etc.

#96

City

Haines city

State
FL

Zip Code

33844

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

Tomas Herrera
REGISTERED AGENT MUST SIGN

Date 5/10/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PD	TOMAS, HERRERA	3601 BAKER AVE. #96	Haines city, FL 33844
SD	Ruben, Gomez	3091 HWY. 17-92	Haines city, FL 33844
V.P	APOLINAR, MENDEZ	680 EDISON PKWY. Haines city, FL	Haines, city, FL 33844
TD	CARLOS E. FERNANDEZ	8707 TIERRA VISTA CR #201	Kissimmee, FL 33847
			99-01 UBR TB

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Tomas Herrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tomas Herrera

Date

5/10/01 (863) 4191396

Daytime Phone #

CR2E081 (9/00)