

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 12 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9800006458

1. Corporation Name

ROSA DE SARON'S CHURCH, INC.

2. Principal Office Address

104 1ST STREET

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

Zip

33844-

Country

USA

3. Mailing Office Address

635 MULLEN AVENUE

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

Zip

33844-

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/09/98

5. FEI Number
74-3061557

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

VERONICA MARTINEZ

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

Suite, Apt. #, Etc.

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

Veronica Martinez
REGISTERED AGENT MUST SIGN

Date

02/27/04

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
PD	TOMAS HERRERA	104 1ST STREET	HAINES CITY, FL 33844
SD	VERONICA MARTINEZ	635 MULLEN AVENUE	HAINES CITY, FL 33844
TD	MARIA GUADALUPE COBOS	3800 US HWY 17-92 W LOT#14	HAINES CITY, FL 33844

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)(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:

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

Date

3/1/04

Daytime Phone #

863-557 0773

CR2E081 (01/04)