

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

00 MAY -8 PM 2:38

DOCUMENT #

N98000006628

1. Corporation Name

CHRISTIAN Church Fountain of Life
INC.

2. Principal Office Address

303 Bay St.

Suite, Apt. #, etc.

3. Mailing Office Address

1507 North Blvd

Suite, Apt. #, etc.

City & State

DAVENPORT, FL.

City & State

DAVENPORT, FL.

Zip

33837

Country

USA

Zip

33837

Country

POIK

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/98

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

FRANCISCO AMARO

600003265786-2

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

1507 North Blvd.

-05/24/00--01061--081

****297.50 ****297.50

Suite, Apt. #, Etc.

City

DAVENPORT

State
FL

Zip Code

33837

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

X *Francisco Amaro*

REGISTERED AGENT MUST SIGN

Date

2/10/00

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
P	FRANCISCO AMARO (D)	1507 North Blvd.	DAVENPORT, FL. 33837
T	CARMEN WARRERO (D)	255 22nd St. #9	HAINES CITY, FL. 33844
S	EVANGELINA TORRES (D)	305 Evergreen Pl.	WINTER HAVEN, FL 33880

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:

X *Francisco Amaro* FRANCISCO AMARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/00

Daytime Phone #

863-421-9813