

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 15 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006964**

1. Corporation Name

IGLESIA PENTECOSTAL UNIDOS EN SU AMOR, INC

Principal Place of Business

Mailing Address

603 DEL PRADO BLVD
A
CAPE CORAL FL 33990

406 NE 14 PLACE
CAPE CORAL FL 33909



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0890127

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OSORIO, TOMAS REV.	406 NE 14TH PL	CAPE CORAL FL 33909
D	OSORIO, LUCIA	406 NE 14 PL	CAPE CORAL FL 33909
S	CARMONA, AUREA	704 R 46TH TERR	CAPE CORAL FL 33904
T	SEPULVEDA, FERNANDO	406 NE 14TH PL	CAPE CORAL FL 33909
D	CARRASQUILLO, LUZ	13290 MCGREGOR BLVD	FORT MYERS FL 33919

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSORIO, TOMAS
406 NE 14 PLACE
CAPE CORAL FL 33909

Name

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

800004649558--8

Suite, Apt. #, Etc.

10/23/01 01014 027

****245.00 ****245.00

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rev. Tomas Osorio
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. 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:

Rev. Tomas Osorio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11 01 (941) 242-2219