

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC -7 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002041

1. Corporation Name

church of God the beautiful  
Inc.

2. Principal Office Address

763 Hill View Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Zip

Country

Zip

Country

32714

4. Date Incorporated or Qualified  
To Do Business in Florida

8/31/99

5. FEI Number

X59-3587769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

Virginia Cruz

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

763 Hill View Dr

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

*Ugin S*

Date *11/16/04*

REGISTERED AGENT MUST SIGN

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	Virginia Cruz	763 Hill View Dr	Altamonte Springs FL
VP	Beatriz Cruz	636 Encino Way	Altamonte Springs FL 32714
Tre.	MARIA J Rodriguez	606 Encino way	Altamonte Springs FL 32714
Sec.	Rosa Perez	631 Encino way	Altamonte Springs FL 32714

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/16/04*