

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 15 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000003315**

1. Corporation Name

CASA DE ADORACION ROCA ETERNA, INC.

Principal Place of Business

3939 2ND ST.
KATHLEEN FL 33849

Mailing Address

P.O. BOX 93616
LAKE LAND FL 33804



REINSTATEMENT 02

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

05/24/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1980807

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

SANTIAGO, JORGE

6302 DOE CIRCLE W

LAKE LAND FL 33810

D

SANTIAGO, MARGARITA

6302 DOR CIRCLE W

LAKE LAND FL 33810

SD

ACOSTA, ROSA

4120 HOMESTEAD DR.

LAKE LAND FL 33810

TD

GARCIA, ELIAS

7931 GLENMEDOW DR.

LAKE LAND FL 33810

900010133679

01/15/03--01067--012 **236.25

8. Name and Address of Current Registered Agent

SANTIAGO, JORGE REV.
6302 DOE CIRCLE W.
LAKE LAND FL 33810

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/13/03

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:

SIGNATURE REQUIRED
Jorge K Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

863-853-4404

Daytime Phone #

CR2E040 (8/02)