

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 AM 11:00

DOCUMENT # **N9900003357**

1. Corporation Name

**SAN FRANCISCO DE ASIS EPISCOPAL
CHURCH, Inc.**

2. Principal Office Address - No P.O. Box #

15650 MIAMI LAKEWAY

3. Mailing Office Address

2441 NW 93 AVE

Suite, Apt. #, etc.

NORTH

Suite, Apt. #, etc.

#101

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1999

5. FEI Number

65-0923657

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

MANUEL A. MESA, SR.

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

730 NW 107 AVE

Suite, Apt. #, Etc.

Suite 214

City

MIAMI

State

FL

Zip Code

33172

600219010166
01/20/12--01006--009 **236.25

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

[Signature]

Date

1/12/12

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
D	MANUEL G. MESA	15650 MIAMI LAKEWAY NORTH	MIAMI, FLORIDA 33014
D	XICHANA BETANCOURT	15650 MIAMI LAKEWAY NORTH	MIAMI, FLORIDA 33014
D	GLORIA PERUYERO	15650 MIAMI LAKEWAY NORTH	MIAMI, FLORIDA 33014

10. E-mail Address: **mesalan@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2012

Date

305863/000

Daytime Phone #