

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/24/03 90141 017 ^{check} \$61.25

DOCUMENT # N99000004710

1. Corporation Name

IGLESIA PENTECOSTAL, ARCA DE REFUGIO, INC.

Principal Place of Business

37344 LOCK ST.
DADE CITY FL 33523

Mailing Address

37344 LOCK ST.
DADE CITY FL 33523

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or qualified
To Do Business in Florida 018 **236.25
08/02/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MERCED, DAVID	15029 MARION AVE	DADE CITY FL 33523
VP	MERCED, ROBERT merced, Sylvia	38138 BUFORD AVE 15029 Marion Ave	DADE CITY FL 33523 33523
S	BURGOS, EILEENE	38138 BUFORD AVE 20401 N. Hwy 98 #12	DADE CITY FL 33523 33523
T	OLIVERA, ROSA	37321 SAFARI DR	DADE CITY FL 33523
D	BURGOS, MANUEL A SR manzo, Jennifer	38140 HOWARD AVE 15029 Marion Ave	DADE CITY FL 33523 Dade City, FL 33523
D	BURGOS, JESUS M	38138 BUFORD AVE 20401 N. U.S. Hwy 98 #12	DADE CITY FL 33523 33523

8. Name and Address of Current Registered Agent

BURGOS, EILEENE
~~38138 BUFORD AVE~~
DADE CITY FL 33525

9. Name and Address of New Registered Agent

Name
Burgos, Eileene
Street Address (P.O. Box Number is Not Acceptable)
20401 N. U.S. Hwy 98 #12
Suite, Apt. #, Etc.
City
Dade City
State
FL
Zip Code
33523

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

Eileene Burgos
REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Eileene Burgos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 (352) 583-5614
Date Daytime Phone #

CR2E040 (7/03)