

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1072

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # **N99000005510**

1. Corporation Name

**OCHOSI YORUBA CHURCH INC.**

Principal Place of Business

Mailing Address

**3840 SW 129 AVE  
MIAMI FL 33175**

**3840 SW 129 AVE  
MIAMI FL 33175**

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

09/16/1999

5. FEI Number

**65-0951052**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SUAREZ, ANDRES	3840 SW 129 AVE	MIAMI FL 33175
D	SUAREZ, ELSA C	3840 SW 129 AVE	MIAMI FL 33175
D	SUAREZ, ANDRES JR	3840 SW 129 AVE	MIAMI FL 33175

8. Name and Address of Current Registered Agent

**SUAREZ, ANDRES  
3840 SW 129 AVE  
MIAMI FL 33175**

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

*Andres Suarez*  
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:

*Andres Suarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

282

March 30, 2004

OCHOSI YORUBA CHURCH INC.  
3840 SW 129 AVE  
MIAMI, FL 33175

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS  
UNINTENTIONAL DUE TO THE FACT THAT I NEVER RECEIVED THE ANNUAL  
REPORT. IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE KINDLY  
APPRECIATED.

I WILL SEND A CHECK IN THE SUM OF \$122.50 (\$61.25 for 2003 & \$61.25 for  
2004)

SINCERELY,  
  
SUAREZ, ANDRES  
DIRECTOR