

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

08 FEB 15 AM 10:36

DOCUMENT # P05000018089

1. Corporation Name

Ministerio Internacional Poder y Gloria, Inc

500118126269
02/15/08--01015--022 **1050.00

CR2E081 (12/07)

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

2014 Santa Barbara Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

USA

3. Mailing Office Address

PO Box 297103

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33029 - 7103

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/02/2005

5. FEI Number

☒ 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

Geter Lopez

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

4420 19th Ave SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 02/11/2008

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	Geter Lopez	4420 19th Ave SW	Naples, FL 34116
VP	Yudith Lopez	996 Chesapeake Bay Ct	Naples, FL 34120

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/2008

Date

(239) 821-3260

Daytime Phone #