

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 19 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 000095677

1. Corporation Name

AMANECER CHRISTIAN NETWORK, INC.

2. Principal Office Address

13077 SW 133 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

SAUL

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/97

5. FEI Number

65-0793493

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

FRANK LOPEZ

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

13077 SW 133 COURT.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

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

12/17/07

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
PD	FRANK LOPEZ	13077 SW 133 CT.	MIAMI, FL 33186
VPD	ZAYDA LOPEZ	13077 SW 133 CT.	MIAMI, FL 33186

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/07

Daytime Phone #

2052

Amanecer Christian Network, Inc.

13077 SW 133 Court
Miami, Florida 33186

December 14th, 2007

Division of Corporations
P.O.Box # 1500
Tallahassee, Florida 32302-1500

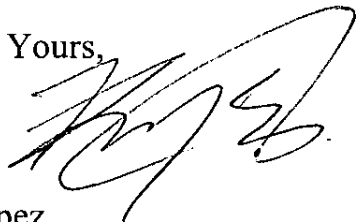
Ref: Reinstatement (P97000095677)

To whom it may concern:

Our accountant has brought to our attention the fact that our corporation has been inactive for the past three years; please note, that we don't recall receiving any renewal notices from the state. We are very careful and pay all our bills on time in order to avoid late fees. As instructed by your office we ask that you consider waiving the penalty fee imposed since our current financial condition does not allow us to absorb any added cost. Payment of these penalties will cause a tremendous financial hardship in our already strained small business. As advised enclosed please find our Corporate Reinstatement Form and a check for \$600.00 to cover the filing cost for 2004,2005,2006 and 2007. Thanking you in advance and hope you will understand our situation, I remain.

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,



Frank Lopez
President/Director