

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 22 PM 2:27

DOCUMENT # S23064

1. Corporation Name

RHEMA HERITAGE OF PENSACOLA INC.

Principal Place of Business

Mailing Address

923 77TH AVENUE
PENSACOLA FL 32506

923 77TH AVENUE
PENSACOLA FL 32506



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3046703

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	CANDARI, GAUDIOSO	5803 KENDALL AVE.	PENSACOLA FL
VD	SANTIAGO, MAURILO	10860 BERRY HILL RD.	PENSACOLA FL
SD	SANTIAGO, GEORGIENA	10860 BERRY HILL RD	PENSACOLA FL
TD	CANDARI, SOLEDAD	5803 KENDALL AVE.	PENSACOLA FL

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****908.75 ****908.75

3/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANDARI, GUADIOSO
923 77TH AVENUE
PENSACOLA FL 32506

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.

Signature of
Registered Agent

Gaudioso Candari
REGISTERED AGENT MUST SIGN

Date 3/15/2001

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:

Gaudioso Candari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2001 (850) 455-6000
Date Daytime Phone #

CR2E040 (800)