

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB -9 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712651

1. Corporation Name

MIAMI LATIN CHURCH OF GOD, INC.

200143190892
02/09/09--01058--002 **428.75

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #
3800 LK UNDERHILL ROAD

3. Mailing Office Address
12472 LK UNDERHILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#404

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
USA

Zip Country
32828 USA

4. Date Incorporated or Qualified To Do Business in Florida 4/26/1967

5. FEI Number 59 0766968 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
RAFAEL RUIZ

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

Suite, Apt. #, Etc.

City
ORLANDO, FL

State Zip Code
FL 32828

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

Rafael Ruiz
REGISTERED AGENT MUST SIGN

Date FEBRUARY 2, 2009

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	RAFAEL RUIZ	501 WATERSCAPE WAY	ORLANDO, FL 32828
SD	REBECA LIZARDO	119 CORALWOOD CIRCLE	KISSIMMEE, FL 34743
TD	GUILLERMO J. REYES	11269 SPINNING REEL CIRCLE	ORLANDO, FL 32825

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:

Rafael Ruiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL RUIZ

02/03/2009

Date

407-761-7460

Daytime Phone #