

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 27 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724426

1. Corporation Name

PRIMERA IGLESIA BAUTISTA HISPANA DE PLANTATION, INC.

Principal Place of Business

1261 SW 55TH TERR.
PLANTATION FL 33317

Mailing Address

1261 SW 55TH TERR.
PLANTATION FL 33317



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/26/1972	
City & State		City & State		5. FEI Number	
Zip		Country		59-6515419	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	RUIZ, MANUEL	9741 NW 25 CT.	SUNRISE FL
T	CUEVAS, MIGDALIA	5151 SW 17TH CT	PLANTATION FL
S	GUERRA, ANA E	1261 S W 55TH TERRACE	PLANTATION FL 33317
D	GRANA, MARIANO Raque Escudero	425 SW 22 AVENUE 1261 SW 55 Terrace	FORT LAUDERDALE FL Plantation, FL 33317
D	ROMAN, ROSALIND	1261 SW 55TH TERR	PLANTATION FL
D	ROMAN, ELIAS	1261 S W 55TH TERRACE	PLANTATION FL 33317

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RUIZ, MANUEL 9741 NW 25 COURT SUNRISE FL 33322		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 800003245098--5 City ***297 FL ***297.50	

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 Manuel Ruiz **REQUIRED** Date 11/1/99
REGISTERED AGENT MUST SIGN

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)(f), 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: Manuel Ruiz Date 11/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 8/99