

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03

DOCUMENT # N00000004538

1. Corporation Name

IGLESIA PENTECOSTAL PENIEL, INC.

2. Principal Office Address
2261 Fowler Street

3. Mailing Office Address
same as principal

Suite, Apt. #, etc.
2261 Fowler Street

Suite, Apt. #, etc.

City & State
Fort Myers, Fl.

City & State

Zip 33901 Country USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 7/7/00

5. FEI Number 65-1109693
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 Katherine Mena

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

000021105420
06/24/03--01028--009 **183 75

Suite, Apt. #, Etc.

City Fort Myers, Fl

State FL Zip Code 33905

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

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	Carlos Mena	95 Schneider Drive	Fort Myers, Fl. 33905
V	Miguel Morales	1430 Apollo Drive	Fort Myers, Fl. 33905
D	Katherine Mena	95 Schneider Drive	Fort Myers, Fl. 33905
D	Rosa Morales	1430 Apollo Drive	Fort Myers, Fl. 33905
D	Louis Rivera	95 Schneider Drive	Fort Myers, Fl. 33905

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.

(239)

SIGNATURE:

Katherine Mena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-03 693-0673

Date

Daytime Phone #

CR2E081 (10/02)

7/6/24