PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -2 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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11/18/02--01052--018 **236.25

DOCUMENT # N01000005048

1. Corporation Name

PALESTINA IGLESIA EVANGELICA, INC.

Principal Place of Business	Mailing Address
952 FLORIDA PKWY KISSIMMEE FL 34743	952 FLORIDA PKWY KISSIMMEE FL 34743

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	
Suite, Apt. #, etc. 2783 MICHIGAN AVE.		Suite, Apt. #, etc.	
City & State KISSIMMEE		City & State	
Zip 34744	Country OSCEOLA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/17/2001

5. FEI Number: 54-2080632 — Applied For ☐ Not Applicable ☐

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MELENDEZ, GUANELIE P	952 FLORIDA PKWY	KISSIMMEE FL 34743
VD	PINERO, FLOR M	952 FLORIDA PKWY	KISSIMMEE FL 34743
SD	PINERO, JANET	513 PINNACLE COVE BLVD. #4 APT. 108	ORLANDO FL 32824
TD	MENDEZ, EFRAIN	127 B KNOTTS LN	KISSIMMEE FL 34743

REINSTATEMENT 02

8. Name and Address of Current Registered Agent

MELENDEZ, GUANELIE P
952 FLORIDA PKWY
KISSIMMEE FL 34743

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/22/02

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)(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 REQUIRED 10/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #