

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012110

1. Corporation Name
Iglesia de Jesucristo Nuevo Pacto

~~709-7629~~

REINSTATEMENT 07-09

400151481134
04/21/09--01024 0212/07**183.75

2. Principal Office Address - No P.O. Box #
685 N.W 130 ST

Suite, Apt. #, etc.
P.H.

City & State
N. Miami Fla.

Zip Country
33168 U.S.A.

3. Mailing Office Address
1060 N.W 132ND ST

Suite, Apt. #, etc.
P.H.

City & State
N. Miami Fla.

Zip Country
33168 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
12/02/05

5. FEI Number
20-3890615

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Antonio Velez

Street Address (P.O. Box Number is Not Acceptable)
685 N.W 130 ST

Suite, Apt. #, Etc.
P.H.

City State Zip Code
N. Miami Fla FL 33168

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
Antonio Velez
REGISTERED AGENT MUST SIGN

Date
1/26/09

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	Antonio Velez	1060 N.W 132 ND ST	N. Miami Fla. 33168
T	Julio Matos	2262 S.W JAY ST	PORT ST LUCIE FL. 34953
V	Gloria Velez	1060 N.W 132 ND ST	N. Miami Fla 33168
TR	Felipe CASANOVA	6575 W 4 AVE	Judah FL 33012
S	IRMA CASANOVA	6575 W 4 AVE	Judah FL 33012
	<i>mw/r</i>		

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:
Antonio Velez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/26/09

Daytime Phone #
786-663-3387