

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 28 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # N35201
1. Corporation Name
Iglesia Buenas Nuevas Asambleas de
Dios
N35201

2. Principal Office Address - No P.O. Box #
2580 W 2nd Ave
Suite, Apt #, etc
Hialeah FL
City & State
33010
Zip
Country
Miami

3. Mailing Office Address
Suite, Apt #, etc
City & State
Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida
1988

5. FEI Number
65-0223347
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
Daniel Hernandez
Street Address (P.O. Box Number is Not Acceptable)
19850 NW 83rd Ave
Suite, Apt. #, Etc
Hialeah
City
State
FL
Zip Code
33015

700253299407
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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: [Signature] Date 10/24/13
REGISTERED AGENT MUST SIGN

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	Daniel Hernandez Rev	19850 NW 83rd Ave	Hialeah FL 33015
VO	Susana Hernandez	19850 NW 83rd Ave	Hialeah FL 33015
TD	Basulto, George	11646 NW 90th Ave	Hialeah FL 33018
S	Ramon, Guillermo	7275 W 3 Ave	Hialeah FL 33014
S	Paula, Schaumburg	19444 NW 61st Ave	Miami, FL 33015

10. E-mail Address: Dansusa@aol.com (To be used for future annual report notification) **OCT 28 2013**

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 and 617, F.S. and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] **M. WILLIAMS**
DATE: 10/24/13 DAYTIME PHONE: 305-502-4022