PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W05000020352

FILED
05 MAY -9 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700054868507
05/19/05--01086--009 **735.00

DOCUMENT # N96000000989

1. Corporation Name: IGLESIA BAUTISTA "MCCALL", INC

REINSTATEMENT 9m-05

2. Principal Office Address	3. Mailing Office Address
18880 S.W. 114th Ave	18880 SW 114 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Florida
Zip: 33157 Country: Miami Dade	Zip: 33157 Country: MiamiDade

4. Date Incorporated or Qualified To Do Business in Florida: 02-23-1996

5. FEI Number: None ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: LACASA, CARLOS A.

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue

Suite, Apt. #, Etc.: suite #1900

City: Miami State: FL Zip Code: 33131

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 _____ Date 4/6/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D Rev	Matos, Gamaliel	15075 SW 127th Ct	Miami, Fl 33186
D	Torres, Mario	20100 SW 113th Place	Miami, Fl 33189
D	Santiago Loida	7850 SW 196th Terrace	Miami, Fl 33189
D	Valdes, Harold	19822 SW 123 Place	Miami, Fl 33177

4/5/16

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.

SIGNATURE: Gamaliel Matos GAMALIEL MATOS 4/7/05 (305)495-4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #