

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 PM 1:01

DOCUMENT # N98000000700

1. Corporation Name

Iglesia Biblica Bautista
de Hialeah

2. Principal Office Address

522 Hialeah Dr.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

99-00

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

2/05/98

5. FEI Number

650810007

☒ 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

George Garcia

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

522 Hialeah Dr.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

100003405011-1

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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

REGISTERED AGENT MUST SIGN

Date

9-6-00

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	George Garcia	522 Hialeah Dr.	Hialeah, FL 33010
D	Paul E. Garcia	522 Hialeah Dr.	Hialeah, FL 33010
D	Don Brush	522 Hialeah Dr.	Hialeah, FL 33010

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:

Donald L. Brush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000

Date

(305) 863-9170

Daytime Phone #