

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 MAR 18 AM 8:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000005957**

1. Corporation Name  
**GREATER MIAMI MINISTERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**6300 NW 77 COURT MIAMI FL 33166**

**REINSTATEMENT 02-03**



300014319203  
 03/18/03--01048--010 \*\*306.25

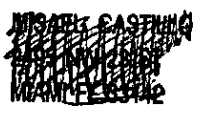
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/19/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0442756	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
<del>PD</del>	<del>CASTILLO, MISAE L.</del>	<del>2406 N W 25 ST</del>	<del>MIAMI FL 33142</del>
<del>PD</del>	LAGO, PABLO	6280 W 21 CT	HIALEAH FL 33016
SD	DELAGUARDIA, ANTONIO	7330 NW 8 ST	MIAMI FL 33126
<del>PD</del>	<del>FERNANDEZ, SIERRA</del> JULIO	1851 SW 14 AVE	MIAMI FL 33175
VD	WOODBURRY, NICK	52165 NW 36 ST.	MIAMI FL 33166
TD	<del>SIERRA, JULIO</del> Carlos Alfaro	<del>3893 SW 133 PC</del> 12415 SW 136 Ave # 1	MIAMI FL <del>33175</del> 33196

8. Name and Address of Current Registered Agent



*Pablo Lago*  
 6280 W 21 CT  
 HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name <b>Pablo Lago</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>6280 W 21 CT</b>		
Suite, Apt. #, Etc.		
City <b>HIALEAH</b>	State <b>FL</b>	Zip Code <b>33016</b>

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]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **2-11-03**

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]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pablo Lago** 2/11/03 305-822-9697

Date

Daytime Phone #

CR2E040 (8/02)