


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 SEP 29 PM 3:22  
SEC... TALLAH... FLORIDA

DOCUMENT # N99000003301

1. Corporation Name

ASOCIACION DE MINISTROS E IGLESIAS DE BROWARD (AMIB), INC.

*AS*

2. Principal Office Address

3000 W Prospect Rd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip  
33309

Country  
USA

3. Mailing Office Address

3000 W Prospect Rd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip  
33309

Country  
USA

REINSTATEMENT 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 05/24/1999

5. FEI Number 650810410

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

ANGEL DIAZ

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

3000 W PROSPECT RD

Suite, Apt. #, Etc.

300080267723  
09/28/06--01048--006 \*\*309.25

City

FORT LAUDERDALE

State  
FL

Zip Code  
33309

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

*Angel Diaz*

REGISTERED AGENT MUST SIGN

Date 5/25/2006

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	Angel Diaz	3000 W Prospect Rd.	Fort Lauderdale, FL 33309
VP	Joaquin Diaz	1600 SW 66 Ave.,	Pembroke Pines, FL 33014
T	Ricardo Calles	3050 La Mirage Dr.	Lauderdale Lakes, FL 33319
S	Ruth Villamar	4069 Carambola Cir N	Coconut Creek, FL 33066
D	Raquel Almenar	1981 W Oakland Park	Oakland Park, FL 33311
D	Gabriel Callejas	6010 Woodland Point Dr.,	Tamarac, FL 33319

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:

*Ricardo Calles*

Ricardo Calles

9/25/200 954 - 579-7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #