	PPLICATION FOR NSTATEMENT	D	95	Catherine Secretary of IVISION OF CORI	PORATIONS	みつ	FILED		
DOCUMENT # 1. Corporation Name						99 JUL -2 PM 12: 12			
Iglesia El Sinai Asamblea de Dios , Inc.							SECRETARY OF STATE ALLAHASSEE, FLORIDA		
180 P.(Pa:	Place of Business 01B Port Malaba 0. Box 60037 1m Bay, FL 3290	15			ter engation below				
If above addresses are incorrect in any way, line through incorn 2. New Principal Office Address, If Applicable 3. New I				ing Office Address		Date Incorporated or Qualified To Do Business in Florida			
Suite, Ap	ot. #, etc.	Suite, Apt. #	ite, Apt. #, etc			May J	Applied For		
City & State			City & State				565482	Not Applicable	
Zip	Country		Ζφ	Соц	intry	6. CERTIFIC	ATE OF STATUS DESIRED	3.75 Additional Fee require for a Certificate of Status	
7. Name	s and Street Addresses of Each (Director (Fig		oorations must list at le Street Address of Eac				
Title(s)	tle(s) Name of Officers and/or Directors 2		Of		Officer and/or Director Use Post Office Box)r	Crity / State / Zip		
P	Luis F. Lugo			1639 Fannin Ave. N.W.			Palm Bay, FI	32907	
S	Rose Borges			1016 Newbern St. N.E. Palm Bay, FL 32905					
T	Luis Irizarry		110 Frante St. N.E			Palm Bay, FL	32905		
D	Angel Gomez			1070 Hooper Ave. N.E. Palm Bay,			Palm Bay, FL	32905	
D	Kathy Borges			1100 Em	erson Dr.	N.E.	Palm Bay, FL	32907	
D	Ines Agosto 8			847 Lam	nlighter T	or. N.W.	Palm Ran-Ario	118.2.0007	
	8. Name and Address of	f Current Re	gistered Age			9. Name and define the 92-52 fB2 Name -07/07/9901006018			
	uis F. Lugo (I	glesia	E1 Si	inai A/D	\	(P.O. Box Numb	****420.00	****420.00	
1801B Port Malabar Boulevard NE Palm Bay, Florida 32905						Suite, Apt #, Etc.			
						City State Zip Code			
10. I, bei	ng appointed the registered agen	of the above	named corp	oration, am familia	r with and accept the	obligations of Se	FI section 607.0505, F.S.		
Signature Registere	ed Agent Luis 9	T. Le	FERED AG	SENT MUST SIGN	<u>.</u>		Date June 2	9, 1999	
	his corporation owentangible Personal). Yes	□ No l	(See other s	ide for information angible tax.)	
this re owed	ify that I am an officer or director of einstatement application, the reas- by the corporation have been pa s application is true and accurate	on for dissolu d and the nai	lion has been mes of individ	eliminated, the co luals listed on this	orporate name satisfies form do not qualify fo	s the requiremer r an exemption (nts of section 607.0401 or 617.	0401, F.S., that all fees	