

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N95000003700**

1. Corporation Name

IGLESIA CRISTO OMNIPOTENTE A.G. CORP.

Principal Place of Business

1025 N.E. MIAMI GARDEN DR.
NORTH MIAMI FL 33162

Mailing Address

6770 EVANS STREET
HOLLYWOOD FL 33024

> 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1995

5. FEI Number

65-0602498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	CABALLERO, VICTOR	6770 EVANS STREET	HOLLYWOOD FL 33024
VP/D	ANDRSON, CARLOS	12641 COUNTRY CLUB LANE	MIAMI FL 33167
S/D	RODRIGUEZ, ANDREA	7625 ALHAMBRA BLVD.	MIRAMAR FL 33023
T/D	BRAGI, PHILIP	2547 NE 182 STREET	N. MIAMI FL 33160
D	CONSTANZO, GLORIDA	1700 NE 133 STREET #L16	N. MIAMI BEACH FL 33181
D	ROLON, LAURA	350 NE 141 STREET #319	N. MIAMI FL 33161

8. Name and Address of Current Registered Agent

CABALLERO, VICTOR
6770 EVANS STREET
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Victor Caballero

Date

10/12/01

REGISTERED AGENT MUST SIGN

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:

Victor Caballero P/O

Date

10/12/01

Daytime Phone #

(954) 962-0079

CR2ED40 (8/01)