

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W05000020352

FILED

05 MAY -9 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000989

1. Corporation Name IGLESIA BAUTISTA "MCCALL", INC

700054868507
05/19/05--01086--009 **735.00

REINSTATEMENT 05-05

2. Principal Office Address 18880 S.W. 114th Ave
3. Mailing Office Address 18880 SW 114 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, Florida

Zip Country
33157 Miami Dade

Zip Country
33157 Miami Dade

4. Date Incorporated or Qualified To Do Business in Florida 02-23-1996

5. FEI Number None Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status Inactive

7. Name and Address of Current Registered Agent

Name

LACASA, CARLOS A.

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

201 Birchell Avenue

Suite, Apt. #, Etc.

suite #1900

City

Miami

State
FL

Zip Code

33131

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

4/6/05

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 Rev	Matos, Gamaliel	15075 SW 127th Ct	Miami, FL 33186
D	Torres, Mario	20100 SW 113th Place	Miami, FL 33189
D	Santiago Loida	7850 SW 196th Terrace	Miami, FL 33189
D	Valdes, Harold	19822 SW 123 Place	Miami, FL 33177

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAMALIEL MATOS 4/7/05 (305) 495-4575

Date

Daytime Phone #

CR2ED01 (01/04)