

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -8 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704312

1. Corporation Name

Iglesia Bautista Saron, Inc.

Principal Place of Business

900 N.W. 30th Street
Miami, Florida 33127

Mailing Address

900 N.W. 30th Street
Miami, Florida 33127

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

REINSTATEMENT 95-97

| | | | | | |
|---|--|--|--|---|--|
| 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. | | July 23, 1962 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | Applied For | |
| Country | | Country | | X Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P/D | Mauro Rivera | 810 N.E. 147th Street | North Miami, Florida |
| D | Regino Chavez | 660 85th Street, Apt. 403 | Miami Beach, Florida |
| D | Miguel Palacios | 17101 S.W. 121st Avenue | Miami, Florida 33177 |
| T | America Rivera | 810 N.E. 147th Street | North Miami, Florida |
| S | Luisa M. Serrano | 9871 S.W. 45th Street | Miami, Florida 33165 |

8. Name and Address of Current Registered Agent

David A. Donet, Esquire
Suite 1450
One Alhambra Plaza
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

400002290814-5
89/11/97-01097-004
***358.75 ***358.75
FL

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

REGISTERED AGENT MUST SIGN

Date

9/3/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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

Mauro Rivera

Date

9/3/97 (305) 446-6890
Daytime Phone #

0525040 (12/96)