

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712724

1. Corporation Name

EVANGELICAL PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.

Principal Place of Business

Mailing Address

90 N.W. 27TH AVENUE
MIAMI FL 33125-5112

90 N.W. 27TH AVENUE
MIAMI FL 33125-5112

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

05/12/1967

5. FEI Number

59-2096779

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GARRIDO, ROBERT	1390 NW 29 AVE.	MIAMI FL
D	SAAVEDRA, PEDRO	3944 NW 4 ST.	MIAMI FL
D	MARTINEZ, ROGELIO	900 SW 27 AVE., #102	MIAMI FL
D	VALDEZ, JUAN	1390 NW 29 AVE.	MIAMI FL
			400003446954--0 -11/01/00--01054--014 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARRIDO, ROBERTO
90 N.W. 27TH AVENUE
MIAMI FL 33135

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-15-00

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-00
Date

305-642-1054
Daytime Phone #

REV. ROBERTO M. GARRIDO

KE

CR2E040 (8/00)

FILED

00 OCT 19 PM 2:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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