

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720445**

1. Corporation Name

IGLESIA BAUTISTA HISPANA EMMANUEL, INC.

Principal Place of Business

Mailing Address

3001 N.W. 167 TERRACE
OPA LOCKA FL 33056-4310

3001 N.W. 167 TERRACE
OPA LOCKA FL 33056-4310

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

REINSTATEMENT 03



800024214468
10/28/03--01069--016 **70.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1971

5. FEI Number

59-2454259

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	CRUZ, REV. HUMBERTO	3001 NW 167TH TERR	MIAMI FL 33055
VD	CRUZ, ESTHER	3001 NW 167TH TERR	MIAMI FL 33055
SD	SALMERON, MERCEDES	4931 NW 170 ST	MIAMI FL 33055
T	VALDEZ, ROMULO	18921 NW 52ND AVE	MIAMI FL 33055

800024214468
11/26/03--01040--024 **166.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERA, MERCEDES M
5879 SW 178TH AVE
SOUTHWEST RANCHES FL 33331

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/11/03

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

Oct 9/2003 (305)
6207266
Date Daytime Phone #