

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # 744647**

1. Corporation Name **Iglesia De Cristo Misionera, Inc.**  
Cross Ref: **The Missionary Church Of Christ,  
Inc.**

Principal Place of Business: **650 NE 181 Street  
North Miami Beach, FL**  
Mailing Address: **650 NE 181 Street  
North Miami Beach, FL**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

APPROVED  
AND  
FILED

28 AUG - 4 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*87-98*

4. Date Incorporated or Qualified To Do Business in Florida **10/19/78**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

6876 Additional Fee required for Certificate of Status

7. Name 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	Pedro Arriaga	650 Northeast 181 St.	North Miami Beach, FL
T, D	Abigail Arriaga	650 Northeast 181 St.	North Miami Beach, FL
V, D	Cruz Monoz	8462 N.W. 5 <sup>th</sup> Pl.	Miami, FL.

*87-498*

8. Name and Address of Current Registered Agent

**Pedro Arriaga  
650 Northeast 181st Street  
North Miami Beach, Florida**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. **000002602500-5**  
City **\*\*\*310.00** State **FL** Zip **00000**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0500, F.S.

Signature of Registered Agent *Pedro Arriaga*  
**REGISTERED AGENT MUST SIGN**

Date **August 3, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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(9)(f), 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: *Pedro Arriaga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pedro Arriaga**

Date **8/3/98** (305) 573-4262

Daytime Phone #