

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPROVED AND FILED**

**CORPORATION
REINSTATEMENT**



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

03 APR -4 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745000**

1. Corporation Name

IGLESIA CATOLICA ANGLICANA
SANTA BARBARA INC.

REINSTATEMENT 94-03

200015315712
04/04/03--01041--017 **796.25

2. Principal Office Address

1156 SW 6 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33130

Country

DADE

3. Mailing Office Address

1156 SW 6 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33130

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

11-16-78

5. FEI Number

591954578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LIDIA SIMMS

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

2910 SW 34 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

Lidia Simms

Date

3/28/03

REGISTERED AGENT MUST SIGN

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
PD	Natanael Hernandez	7472 W 32 CT	Hialeah Fl 33018
VD	Catalina Hernandez	7472 W 32 CT	Hialeah Fl 33018
SD	Evelin del Valle	7579 W 31 AVE	Hialeah Fl 33018
TD	Jose Gomez	201 NW 47 AVE #7	Miami FL 33126

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:

Jose Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-28-03

Daytime Phone #

(305)-856-2368
(305)-856-2368

CR2E081 (9/01)