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 MAY 29 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759642

1. Corporation Name

IGLESIA BAUTISTA BETANIA

Principal Place of Business | Mailing Address

REINSTATEMENT 44-97

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
101 S.W. REDLAND RD.	30701 S.W. 150 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FLORIDA CITY, FL	LEISURE CITY, FL
Zip: 33034 Country: DADE	Zip: 33033 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST, 1981

5. FEI Number: [ ] Applied For [X] 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JOSE ABELLA	30701 S.W. 150 AVE.	LEISURE CITY, FL 33033
V	EDUARDO ZARATE	13564 S.W. 287 LANE	HOMESTEAD, FL 33032
S	SANDRA GURITERREZ	775 S.W. 7 COURT	FLORIDA CITY, FL 33034
T	BLANCA ZARATE	13564 S.W. 287 LANE	HOMESTEAD, FL 33032
D	ALIDA MARTINEZ	12344 S.W. 252 TERR.	MIAMI, FL 33032
D	JORGE GUTIERREZ	775 S.W. 7 COURT	FLORIDA CITY, FL 33034

8. Name and Address of Current Registered Agent

LUIS CRUZ, ESQUIRE
7950 West Flagler Street
Suite #104
Miami, Florida 33144

9. Name and Address of New Registered Agent

Name: Jose Abella 05-30-97
Street Address (P.O. Box Number is Not Acceptable): 30701 S.W. 150 Avenue
Suite, Apt. #, Etc.:
City: Leisure City State: FL Zip: 33033

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-06/03/97--01067--015
****420.00 ****420.00

CR2E040 (12/96)

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: _____ Date: 5-27-97
REGISTERED AGENT MUST SIGN

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

(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: _____ 5-27-97 245-9985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #