# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 3:31

DOCUMENT # **759642**

1. Corporation Name

**IGLESIA BAUTISTA BETANIA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 101 S.W. REDLAND RD.<br>FLORIDA CITY FL 33034 | 30701 S.W. 150 AVE.<br>LEISURE CITY FL 33033 |

REINSTATEMENT

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. 15300 SW 288 ST. | Suite, Apt. #, etc. P.O. BOX 901567 |
| City & State Leisure City, Florida | City & State Homestead FL. |
| Zip 33033 Country USA | Zip 33090 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1981

5. FEI Number: NOT APPLICABLE — 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)

400003455384--8
-11/07/00--01081--007
****236.25

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City, State, Zip 4 |
|---|---|---|---|
| P | ABELLA, JOSE | 30701 S.W. 150 AVE. | LEISURE CITY FL 33033 |
| V | ZARATE, EDUARDO | 28465 SW 158 CT | HOMESTEAD FL 33030 |
| S | ABELLA, NANCY | 30701 SW 150 AVE | LEISURE CITY FL 33033 |
| T | ZARATE, BLANCA | 28465 SW 158 CT | HOMESTEAD FL 33030 |
| D | MARTINEZ, ALIDA | 12344 S.W. 252 TERR. | MIAMI FL 33032 |
| D | VEITIA, IBELIZE | 30701 SW 150 AVE | LEISURE CITY FL 33033 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| ABELLA, JOSE<br>30701 S.W. 150 AVENUE<br>LEISURE CITY FL 33033 | Name: EDUARDO ZARATE<br>Street Address (P.O. Box Number is Not Acceptable): 28465 SW 158 ct<br>Suite, Apt. #, Etc.: 400003455384--8<br>-11/07/00--01081--008<br>City: Homestead State: FL Zip: 33030 |

CR2E040 (8/00)

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: Eduardo Zarate SIGNATURE REQUIRED — Date: 10-17-00

REGISTERED AGENT MUST SIGN

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: Eduardo Zarate SIGNATURE REQUIRED EDUARDO ZARATE — 10-17-00 — 305-2470488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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