

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED AND FILED

99 OCT 13 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # 765931

1. Corporation Name **Iglesia de Cristo**
Area de Ministerios Asociados ELim de Orlando, Inc.

Principal Place of Business Mailing Address
5392 Silver Star Rd.
Orlando FL, 32808

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

2. New Principal Office Address, If Applicable **N/A**
Suite, Apt. #, etc. /
City & State /
Zip / Country /

3. New Mailing Office Address, If Applicable **N/A**
Suite, Apt. #, etc. /
City & State /
Zip / Country /

4. Date incorporated or Qualified To Do Business in Florida **12/02/82**

5. FEI Number **#05-0147900**
Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED **SP 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Roberto Diaz Perez	4548 San Sebastian Cr. Orlando FL 32808	Orlando, FL, 32808
D	Roberto R. Diaz	3009 Knightsbridge Rd.	Orlando, FL 32818
SD	Edna N. Herrera	6567 Meritmoor Cr.	Orlando, FL 32818
VD	Saulo Diaz	2055 Graystone Tr.	Orlando, FL 32818

REINSTATEMENT 99 : ITS

8. Name and Address of Current Registered Agent

Roberto Diaz Perez
4548 San Sebastian Cr.
Orlando, FL, 32808

9. Name and Address of New Registered Agent

Name **N/A**
Street Address (P.O. Box Number is Not Acceptable) /
Suite, Apt. #, Etc. **300003019203--0**
City **FL** **-10/20/99--01029--008**
*****245.00** **245.00**

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 **[Signature]** Date **10/13/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes 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(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]** Date **(407) 521-8810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2081 (12/98)