


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div>98 JUL 13 PM 2:20</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;"> 300002590303--7 -07/16/98--01008--017 ****281.50 ****281.50 300002590303--7 -07/16/98--01008--018 ****260.00 ****260.00 DO NOT WRITE IN THIS SPACE </div>	
DOCUMENT # 768011 1. Corporation Name <div style="text-align: center; font-weight: bold;">IGLESIA DE CRISTO EN FLAGLER, INC.</div>				<div style="font-size: 0.8em;"> Principal Place of Business Mailing Address NON-PROFIT CORPORATION 3669 W. FLAGLER ST. MIAMI- FL - 33126 If above addresses are incorrect in any way, line through incorrect information and enter correction below. </div>	
2. New Principal Office Address, If Applicable <div style="font-size: 0.8em;"> Suite, Apt. #, etc. City & State Zip Country </div>		3. New Mailing Address, If Applicable <div style="font-size: 0.8em;"> Suite, Apt. #, etc. City & State Zip Country </div>			
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <div style="font-size: 1.2em; font-weight: bold;">59-2696215</div>			
6. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <div style="font-size: 0.8em; border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee required for a Certificate of Status </div>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
PD	SEQUEIRA, RAFAEL	8087 N.W. 8 ST.UNIDAD	#7 MIAMI -FL - 33126		
TD	BETANCUR, DAMIAN	685 West 80. ST.	HIALEAH, FL- 33014		
SD	ROLANDO, A. HERRERA	443 S.W. 19 AVE.	MIAMI - FL - 33135		
				<div style="font-size: 0.8em;"> 300002590303--7 -07/16/98--01008--019 ****245.00 ****245.00 </div>	
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-top: 10px;">88-98</div> <div style="font-size: 1.5em; margin-top: 10px;">B 7/14</div>					
8. Name and Address of Current Registered Agent <div style="font-size: 0.8em;"> Rafael Sequeira 8087 N.W. 8 ST. Unidad #7 Miami, FL - 33126 </div>			9. Name and Address of New Registered Agent <div style="font-size: 0.8em;"> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code </div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0585, F.S. <div style="font-size: 0.8em;"> Signature of Registered Agent: <i>Rafael Sequeira</i> REGISTERED AGENT MUST SIGN </div>			<div style="font-size: 0.8em;"> Date: 12-31-96 ****1.00 ****1.00 </div>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <div style="font-size: 0.8em; margin-top: 5px;">(See other side for information on intangible tax.)</div>					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Rafael Sequeira</i> <div style="font-size: 0.8em; margin-top: 5px;"> 12-16-96, 305-269-9649 </div>					

CR22040 (12/95)