

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 14 APR 27 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768011
 1. Corporation Name
IGLESIA DE CRISTO EN FLAGLER, INC.

2. Principal Office Address - No P.O. Box # 2140 W. FLAGLER ST.		3. Mailing Office Address 2140 W. FLAGLER ST.	
Suite, Apt. #, etc. SUITE 205		Suite, Apt. #, etc. SUITE 205	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33135-1663	Country DADE	Zip 33135-1663	Country DADE

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
 04/22/01983

5. FET Number 31-1656923	Applied For <input type="checkbox"/> Not Applicable
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6. **CERTIFICATE OF STATUS DESIRED** \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
AJAX R. AGUIRRE

Street Address (P.O. Box Number is Not Acceptable)
1009 SW 2 ST.

Suite, Apt. #, Etc.
APT. 8

City MIAMI, FL	State FL	Zip Code 33130
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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 *A.R. Aguirre* Date 4/16/14

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
S	AJAX R. AGUIRRE	1009 SW 2 ST. # 8	MIAMI, FL 33130
D	EDDY J. SILVA	2404 SAN REMO CIR.	HOMESTEAD, FL 33035
D	JOSE D. CASTILLO	2982 S.W. 36 CT.	MIAMI, FL 33133
REINSTATEMENT			S. HAWKES
<i>2005-2014</i>			APR 29 AM.
			EXAMINER

10. E-mail Address: IDCFLAGLER@GMAIL.COM
 (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Eddy Silva* Date 4/16/14 Daytime Phone # _____