

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 22 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03

DOCUMENT # 768011

1. Corporation Name

IGLESIA DE CRISTO EN FLAGLER INC.

2. Principal Office Address

1701 West Flagler

Suite, Apt. #, etc.

12

City & State

MIAMI, FL

Zip

33135

Country

USA

3. Mailing Office Address

1212 SW 2 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33135

Country

USA

000017912350

02/03--01104--009 **183.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

31-1656923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MODESTO DE JESUS SANTANA

Street Address (P.O. Box Number is Not Acceptable)

1120 SW 73 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

X

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-24-03

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
P	Modesto De Jesus Santana	1120 SW 73 Ave.	Miami FL 33144
T	Damian Betancourt	685 W 80 Street	Hialeah FL
S	Manuel J. Rivera	7373 SW 6 Street	Miami FL 33144
VP	Justo Iglesias	1901 NW W River Dr 210	Miami FL 33125
D	Ajax Aguirre	1517 NW 24 St Miami FL 33142	MIAMI FL 33142

10. 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: X

[Signature]

Modesto De Jesus Santana

2-24-03

(305) 643-2480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

015126

2-24-03

Florida Department of State
Reinstatement Office
PO Box 6327
Tallahassee, FL 32314

RE: Request for late fees to be waived

The purpose of this letter is to request that the late fees are waived because the church did not receive the renewal UBR report. For any inquiries please contact our Accountant Janet Vasallo at (305) 643-2482.

Sincerely


Iglesia De Cristo En Flagler Inc