

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 768551

1. Corporation Name

IGLESIA BAUTISTA JESUCRISTO REY DE REYES, INC

Principal Place of Business

18351 NW 68 AVE
MIAMI LAKES FL 33015
US

Mailing Address

19308 NW 46TH AVE
CAROL CITY FL 33055
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1983

5. FEI Number

59-2321556

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PEREZ, JUAN A	19308 N.W. 46 AVE.	CAROL CITY FL 33055
VD	BARCOS, JUAN	6700 W. 24 CT. #16-12	HIALEAH FL 33016
SD	DORIS N. PABON	414 S.W. 172 AVE	PEMBROKE PINES FL, 33029
			200004725332--1 -12/13/01--01069--024 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

PEREZ, JUAN A
19308 N.W. 46 AVE.
CAROL CITY FL 33055

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Date 11-27-2001

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: PD JUAN A PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-27-2001 (305) 621-8677



04/30/01 90109 028 0025

FILED
01 DEC -3 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (8/01)