

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 15 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Alianza Mesianica Israelita Inc.

N 00000001299

2. Principal Office Address

*4101 SW 61 Ave.
DAVIE, FL 33314*

Suite, Apt. #, etc.

3. Mailing Office Address

*2981 SW
156 Ave. DAVIE, FL 33331*

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33334

Country

Broward

Zip

33331

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 2000

5. FEI Number

650990765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DR. DANIEL HERNANDEZ

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

2981 SW 156 Ave.

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33331

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

[Signature]

Date

JAN 13/04

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
P	DANIEL HERNANDEZ	2981 SW 156 Ave	DAVIE, FL 33331
VP	JOSHUA BEN M. PADRON	2981 SW 156 Ave	DAVIE, FL 33331
Sgt	EDUARDO LINARES	2981 SW 156 Ave	DAVIE, FL 33331

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 13/04

Daytime Phone #

954 8182705

CR2E081 (10/02)