

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glendá E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 2:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001706**

1. Corporation Name

IGLESIA BAUTISTA EL REDENTOR DE LAKELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

906 SAVANNAH AVE.
 LAKELAND FL 33801

906 SAVANNAH AVE.
 LAKELAND FL 33801

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 **03/09/2000**

5. FEI Number **59-3647212** 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	CRUZ, GABRIEL	315 LAKE MIRIAM DR.	LAKELAND FL 33813
VD	GARCIA, FRANCISCO R	2003 S. SUMMERVILLE DR.	LAKELAND FL 33815
SD	SANDOVAL, ENRIQUE SANDOVAL, ENRIQUE	2600 OLD TAMPA HWY. 3102 SAMMONDS RD #36	LAKELAND FL 33813 PLANT CITY, FL 33567
TD	MARTINEZ, JAVIER	1876 STELLA CT. SOUTH	LAKELAND FL 33803
			100024264751 10/30/03--01006--012 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GABRIEL CRUZ, GABRIEL 315 LAKE MIRIAM DR. LAKELAND, FL 33813-2144		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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. or 617.0505, F.S.

Signature of Registered Agent

Gabriel Cruz
 REGISTERED AGENT MUST SIGN

Date

Oct. 21/03

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:

MARTINEZ, JAVIER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Martinez

Date

OCTOBER 21, 2003

Daytime Phone #

(863) 644-1381

CR2E040 (7/03)