

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

DOCUMENT # N00000006066

1. Corporation Name

Iglesia Cristiana De Pembroke Casa De Misericordia, Inc.

000009499580
12/13/02--01013--005 **297.50

2. Principal Office Address

11816 NW 13th Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33026-4345

Country

United States

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

November, 2000

5. FEI Number

65-1054451

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

Roberto Quintana

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

11816 NW 13th Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date **December 4, 2002**

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 D	Roberto Quintana	11816 NW 13th Street	Pembroke Pines, FL 33026
V	Nelson E. Benitez	6021 NW 194th Street	Hialeah, FL 33015
T	Joseph A DeJesus	10372 SW 159th Avenue	Miami, FL 33196
T	Jose Diaz	1591 NW 159 Avenue	Pembroke Pines, FL 33028
S	Fernando Gomez	14232 NW 23rd Street	Pembroke Pines, FL 33028
S	Pablo Abad	9615 NW 1st Court, #202	Pembroke Pines, FL 33024

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-02

Date

954/437-7300

Daytime Phone #

CR2E081 (8/01)

12/16/02