

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 3:16

DOCUMENT # **NO1000000600**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name
IGLESIA BAUTISTA INDEPENDIENTE EMANUEL, INC.

Principal Place of Business Mailing Address
324 SE 3RD ST. BELLE GLADE FL 33430
~~324 SE 3RD ST.~~
BELLE GLADE FL 33430



500016234095
 04/18/03--01017--002 **122.50

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		c/o Tammy Cano Suite, Apt. #, etc.		01/25/2001	
City & State		PO Box 2382 City & State		5. FEI Number	
Zip		Belle Glade FL Zip		65-1091366	
Country		USA Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	CANO, LORETO	1600 NW AVE. NORTH	BELLE GLADE FL 33430
VD	CANO, ELI	324 SE 3RD ST.	BELLE GLADE FL 33430
SD	CANO, TAMMY	2625 SR 715	BELLE GLADE FL 33430
TD	CANO, TAMMY	2625 SR 715	BELLE GLADE FL 33430

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CANO, ELI 324 SE 3RD ST. BELLE GLADE FL 33430		Name: Eli Cano	
		Street Address (P.O. Box Number is Not Acceptable) 2625 State Road 715	
		Suite, Apt. #, Etc.	
		City Belle Glade	State Zip Code FL 33430

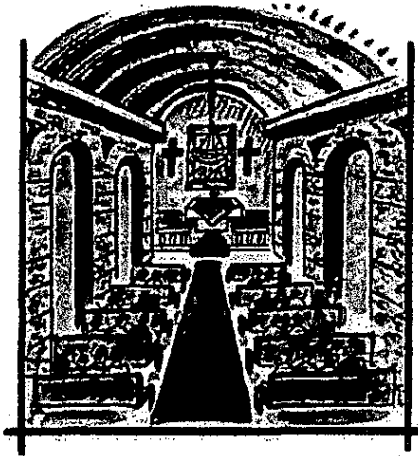
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **1-28-03**
 REGISTERED AGENT 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: **SIGNATURE REQUIRED TAMMY CANO** Date **1-28-03** Daytime Phone # **904-992-8767**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)



**Iglesia Bautista
Independiente Emanuel**

**324 SE 3rd Street
Belle Glade, FL 33430**

Phone: (561) 992-8767

01/28/03

To Whom It May Concern:

We would like to reinstate our incorporation. We apologize for the delay but we did not receive any notices until September 2002. We apologize for this delay and tried to get it reinstated before then with our attorney but failed to do so due to difficulties.

We hope you accept this explanation, along with the application, and a check for the amount of \$122.50

If you have any further questions, please feel free to call me at (561)992-8767 or (561) 236-6449. You may also be able to contact me by mail at the following address: Eli Cano, PO Box 2382, Belle Glade, FL, 33430.

Again thank you for your consideration in this matter.

Thank you,

Eli Cano

