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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N01000003795

1. Corporation Name
Iglesia Evangelica El Tabor de Intercession City, Inc.

2. Principal Office Address	3. Mailing Office Address
5621 Orange Avenue	PO Box 502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Intersecion City	City & State: Interseccion City
Zip: 33848 County: USA	Zip: 33848 County: USA

4. Date Incorporated or Qualified To Do Business In Florida: 6/01/01

5. FEI Number: ✓ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Juan Torres

Street Address (P.O. Box Number is Not Acceptable): 2203 Getwich Ct.

Suite, Apt. #, Etc.:

City: Kissimmee State: FL Zip Code: 34743

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: _____ Date: 12/01/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Types	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Sara Rivera	Po Box 502,	Interseccion City, FL
SD	Saul Guadalupe	PO Box 502	Interseccion City, FL
TD	Juan Torres	PO Box 502	Interseccion City, FL

REINSTATEMENT 12 03

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: Sara J Rivera 12/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

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Account Name : CORPORATION SERVICE COMPANY/SAL
Account Number : I20000000195
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CORPORATION REINSTATEMENT

IGLESIA EVANGELICA EL TABOR DE INTERCESSION CITY, IN

Certificate of Status	0
Certified Copy	0
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