

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



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

2002 WBR

FILED

02 NOV -6 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005892

1. Corporation Name
PRIMERA IGLESIA BAUTISTA, INC.

Principal Place of Business
224 NW AVE 6
BELLE GLADE FL 33430

Mailing Address
224 NW AVE 6
BELLE GLADE FL 33430



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

06/16/02 90693 019 \$6.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
08/16/2001

Suite, Apt. #, etc.
224 N.W AVE G
City & State
Belle Glade, Florida
Zip
33430
Country
USA

Suite, Apt. #, etc.
224 N.W AVE G
City & State
Belle Glade, Florida
Zip
33430
Country
USA

5. FEI Number
65-1078634
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
Rev. Dir	Rigel Zelaya	932 N.E 21 st South	Belle Glade, FL 33430
Trustee	Hans Cassio	932 N.E 21 st South	Belle Glade, FL 33430
Trustee	Hector A. Torres	300 N.W Ave I	Belle Glade, FL 33430
Trustee	Jorge Alonso	917 N.E 32 nd St.	Belle Glade, FL 33430
Trustee	Adalberto Roa	800 S.W 16 th St. #33	Belle Glade, FL 33430
Sec.	Cynthia Meza	950 Oldus Dr N.	South Bay, FL 33493

8. Name and Address of Current Registered Agent

ZELAYA, RIGEL
224 NW AVE 6 ← Incorrect Address
BELLE GLADE FL 33430

9. Name and Address of New Registered Agent

Name
Rigel Zelaya
Street Address (P.O. Box Number is Not Acceptable)
224 N.W AVE G
Suite, Apt. #, Etc.
City
Belle Glade
State
FL
Zip Code
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

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/02/02

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:

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

10/30/02 (561)
Date 993-3366
Daytime Phone #

CR2ED40 (8/02)

Primera Iglesia Bautista

224 NW Ave G
Belle Glade, Florida 33493
Rev. Rigel Zelaya

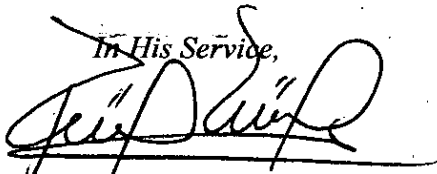
November 3, 2002

RE: Document # N01000005892

Dear Sir or Madam:

We filed a form call Uniform Business Report on the 24th of May 2002 and enclosed a check for the amount of \$61.25. We recently received a Reinstatement Application. We spoke to one of your representative; she informed us that your department mailed a letter in June requesting the names and addresses of our officers. We never received that letter. We are enclosing the information you have requested. We ask that you please wave the reinstatement fee.

In His Service,



Rev Rigel Zelaya