PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 DEC 20 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006182

1. Corporation Name
IGLESIA BAUTISTA FARO DE LUZ, INC.

REINSTATEMENT 600-44548 -02-04

2. Principal Office Address	3. Mailing Office Address
2250 STATE RD. 17 SOUTH	P.O. BOX 1645
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAINES CITY, FL	City & State: HAINES CITY, FL.
Zip: 33844 Country: USA	Zip: 33845 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/20/2001

5. FEI Number: 59-3737854 ☐ 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: OSCAR FLORES
Street Address (P.O. Box Number is Not Acceptable): 131 ASHLEY LOOP
Suite, Apt. #, Etc.
City: DAVENPORT State: FL Zip Code: 33837

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 12/01/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Deacon MR.	LUCIANO DONATO	1416 WOOD AVE	HAINES CITY, FL. 33844
Deacon MR.	RICARDO LIZAMA	334 BELVOIR DR.	DAVENPORT, FL. 33837
Deacon ~~MR.~~	~~MARCO MENESES~~	~~813 OGLETHORPE CT.~~	~~KISSIMMEE, FL. 34758~~
Deacon MR.	ISRAEL SANTIAGO	328 MARQUEE DR.	KISSIMMEE, FL. 34758
			100043220291 12/08/04--01067--008 **358.75

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: ______ 12/1/04 (863) 424-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #