

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 29 PM 3:26

DOCUMENT # N01000007708

1. Corporation Name

~~Comunidad Cristiana Internacional De Miami, Inc.~~
comunidad cristiana Internacional
De Miami, Inc.

2. Principal Office Address - No P.O. Box #

2863 SW 69 Ct

Suite, Apt. #, etc.

3. Mailing Office Address

3451 SW 156 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

Zip

33185

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2001

5. FEI Number
010586360

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

Hector Urbina

HURBINA2008@yahoo.com

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

3451 SW 156 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

700183482047
07/20/10-01039-007 **358.75

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 07/19/2010

REGISTERED AGENT MUST SIGN

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
PCOB	Hector Urbina	3451 SW 156 Ct	Miami, FL 33185
VD	Eliazar Licon	12713 SW 68 Ln	Miami, FL 33183
SD	Angelica Urbina	3451 SW 156 CT	Miami, FL 33185

B 7/29/10
08-10

REINSTATEMENT

10. E-mail Address: HURBINA2008@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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

07/19/2010

Date

Daytime Phone #