

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

04 MAY 10 AM 8:00

DOCUMENT #

N 02000000120

1. Corporation Name

MINISTERIO CRISTIANO LA GRAN COMISION, INC.

2. Principal Office Address

7116 BAY DRIVE #1

Suite, Apt. #, etc.

#1

City & State

MIAMI BEACH FL

Zip

33141

Country

DADE

3. Mailing Office Address

709 10St.

Suite, Apt. #, etc.

#2-A

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

REINSTATEMENT

03-04
MRB

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-08-2002

5. FEI Number

FEI 65-1150425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. Pastor Wilfredo Robles

500035823555
05/10/04--01086--007 **297.50

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

709 10St.

Suite, Apt. #, Etc.

#2-A

City

MIAMI BEACH,

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

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
PRES.	WILFREDO ROBLES	709 10St. #2-A	MIAMI BEACH, FL 33139
VICE PRES	SANDRA MENDEZ	786 NW 36 ST	MIAMI, FL 33127
SEC.	LUZ E. RIVERA	650 Euclid Ave. # 1	MIAMI BEACH FL 33139
TREAS.	EMERLY MENDEZ	786 36 ST.	MIAMI FL 33127

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Wilfredo Robles

Date

05-05-04

Daytime Phone #

305-531-4128

CR2E081 (10/02)