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 OCT 25 AM 8:00

DOCUMENT # N02000003548

1. Corporation Name
IGLESIA BAUTISTA EMANUEL INC.

REINSTATEMENT 03-04
MRD

2. Principal Office Address	3. Mailing Office Address
301 M.L. King Blvd.	P.O. Box 5117
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Pompano Beach, FL.	City & State: Deerfield Bch. Fla.
Zip: 33060 Country: USA	Zip: 33442 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/10/2002

5. FEI Number: 03-04 52555 — ☐ 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: Mynor Acevedo

Street Address (P.O. Box Number is Not Acceptable): 7873 Manor Forest Ln.

900024949629
11/24/03--01020--012 **225.25

Suite, Apt. #, Etc.:

City: Boynton Beach Fla. 33436 | State: FL | Zip Code:

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: Mynor Acevedo 10/21/04 MA. Date: 11/10/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Mynor Acevedo	7873 Manor Forest Ln	Boynton Bch. Fl. 33436
D	Myrna Leon	605 S. 5th Road	Margate, Fl 33068
D	Diana Cisneros	1321 NE 42 ct	Pompano Bch. Fl. 33060
		210004239852 11/03/04--01018--017 **61.25	

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: Mynor Acevedo 10/21/04 561-491-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #