

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 NOV -2 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000006637

1. Corporation Name

MINISTERIO EVANGELICO CRISTO BIBLICO C.A.  
"CHUSY K' ANJO BAL", INC.2. Principal Office Address - No P.O. Box #  
231 N. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Office Address  
1014 SOUTH B ST

Suite, Apt. #, etc.

City & State  
LAKE WORTH, FLORIDACity & State  
LAKE WORTH, FLORIDAZip  
33460  
Country  
USAZip  
33460  
Country  
USA

## 7. Name and Address of Current Registered Agent

Name  
VIAJESERVI USA INCStreet Address (P.O. Box Number is Not Acceptable)  
2905 NW 9 ST

Suite, Apt. #, Etc.

City  
MIAMIState  
FL  
Zip Code  
331254. Date Incorporated or Qualified  
To Do Business in Florida

08/29/2002

5. FEI Number

☒ Applied For  
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 10/30/09

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
P	FRANCISCO JUAN	1014 SOUTH B ST	LAKE WORTH, FL 33460
VP	JERONIMO TIMOTEO	517 NORTH A ST	LAKE WORTH, FL 33460
T	JOSE MARTINEZ	315 SOUTH D ST	LAKE WORTH, FL 33460
S	KENNET BARTOLOME	219 SE ST	LAKE WORTH, FL 33460

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 contained in Chapter 119, 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:

Francisco Juan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-09 305-649-2249

11/2a