PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N02000008091**

1. Corporation Name

IGLESIA DE DIOS VIDA NUEVA IN ST PETERSBURG, INC

Principal Place of Business	Mailing Address
921 10TH AVE. ST. PETERSBURG FL 33713	921 10TH AVE. ST. PETERSBURG FL 33713

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/2002

5. FEI Number: 75-3140848 — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RIVERA, LEMUEL	5936 LAKE FRONT DR.	WESLEY CHAPEL FL 33544
SD	MARENGO, MINERVA	4309 TROUT DR. SE	ST. PETERSBURG FL 33705
TD	SOTO, ALBIN	10489 113RD ST.	LARGO FL 33778
D	ZENGOTITA, EDWIN	2264 60TH WAY N.	ST. PETERSBURG FL 33710

800025777918
12/26/03--01084--005 **236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RIVERA, LEMUEL 5936 LAKE FRONT DR. WESLEY CHAPEL FL 33544	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE _____ Date 12/2/03
REGISTERED AGENT MUST SIGN

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 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 _____ 12/02/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #