

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000009732

1. Corporation Name

Iglesia de Dios Pentecostal
NUEVA Vida in West Palm Beach,
INC.

2. Principal Office Address

4624 Holiday Way
Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS # 2
Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

33415

Country

U.S.A

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2002

5. FEI Number

83-037110

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

Pablo Chacon

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

1560 60th Terrace South

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

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

[Signature]

Date 08-13-04

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	Pablo Chacon	1560 60th Terr. South	WPR, FL 33415
HPS	Lorena de Granado	2781 2nd Aven. Lot 21	Lake Worth, FL 33461
T	Carlos Lopez	4624 Holiday Way	WPR, FL 33415

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-13-04

Date

Daytime Phone #

(561) 432-7382

CR2ED01 (07/04)