PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -9 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # U03000020087

1. Corporation Name: Iglesia de Dios Betania in Brandon Inc

100082861961
12/29/06--01033--012 **236.25

11615 Down Loop	P.O. BOX 1138	
Riverview FL	Brandon FL (33509)	
33569 U.S.		U.S.

CR2E081 (12/05) 05-07

4. Date Incorporated or Qual To Do Business in Florida 3/6/03

5. ☒ 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

Ruth E. Serrano
10411 Ventura Ave
Tampa

100082861961
04/18/07--01014--004 **131.25

State FL 33619

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 3/13/07
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
PD	Ruth E. Serrano	10411 Ventura Ave	Tampa FL 33619
Trs.	Catery Gomez	10410 River Bream Dr	Riverview FL 33569
Off	Wilmer J. Rodriguez	10411 Ventura Ave	Tampa FL 33619
Off	Raul Alvarado	313 Mccol Sky Ave	Brandon FL 33510
Off	Ricardo Gomez	10410 River Bream Dr	Riverview FL 33569
Off	Nelson Ramirez	7120 Dickey Ave	Dover FL 33527

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/6/2007

813-325-1803
Daytime Phone #

MARCHEN APR 9 2007