

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -3 AM 10:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009209

1. Corporation Name

IGLESIA CRISTIANA ARCA DE
BENDICION

2. Principal Office Address

1024 BUSCH BOULEVARD

Suite, Apt. #, etc.

3. Mailing Office Address

2701 W. GRAY ST

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33612

Country

USA

Zip

33609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2003

5. FEI Number

593488866

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

FRANCISCO J. ISABEL

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

2701 W. GRAY ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

Francisco Isabel

Date

3/27/06

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
DP	FRANCISCO J. ISABEL	2701 W. GRAY ST.	TAMPA / FLORIDA / 33609
DS	LUCY P. MENDEZ	1408 MAHUA DR	TAMPA FLORIDA 33612
DT	ROSA J. ISABEL	2701 W. GRAY ST.	TAMPA FL 33609

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 Isabel

FRANCISCO I sabel

3/28/06

813-777-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #