

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000004641

1. Corporation Name

Iglesia DE DIOS CASA Restauracion Salem Inc.

2. Principal Office Address - No P.O. Box #

1115 10th Ave W.

Suite, Apt. #, etc.

1

City & State

Palmetto, FL

Zip

34221

Country

US

3. Mailing Office Address

11847 Brenford Crest Dr.

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33579

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/04

5. FEI Number

42-1695120

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

MISAE TORRES

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

11847 Brenford Crest Dr.

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

34221

☒ 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

[Signature]

Date

10/5/08

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
Pastor	Juan J. Concepcion	4923 9th St. East	Bradenton, FL 34203
ASST. Pastor	FRANKY CRESPO	5311 AVILA AVE	Sarasota FL 34235
DEACON	MISAE TORRES	11847 Brenford Crest Dr	Riverview, FL 34221
SEC.	IRMA RODRIGUEZ	4923 9th St. East	Bradenton, FL 34203

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

[Signature]

Date

10/5/08

Daytime Phone #

(941) 7798947

FILED

08 OCT -8 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/08/08--01026--012 **420.00

REINSTATEMENT 508
CR2E081 (10/08)

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