

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** MINISTERIO EVANGELISTICO PENTECOSTAL ROSTRO DE DIOS, INC

1. Corporation Name

Doc # N0400000780Y

WID — 17401

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

485 EAST 57 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33013

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL ADDRESS

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**

10 MAY 19 AM 9:41

SECRETARY OF STATE  
HALL ANNASSEE, FLORIDA

**REINSTATEMENT 08-10**

300174994653  
04/08/10--01043--001 \*\*70.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 09/27/2008

5. FEI Number

300288525

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

DOUGLAS I. MAYORGA

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

701 BRICKELL AVENUE

Suite, Apt. #, Etc

1550

City

MIAMI

State

FL

Zip Code

33131

☒ 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.

300174994653  
04/22/10--01029--005 \*\*113.75

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

REGISTERED AGENT MUST SIGN

Date 5/17/2010

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	HECTOR R. BARCELONA	485 EAST 57 STREET	HIALEAH, FL 33013
VP	ALBERTO S. MARTINEZ	1041 W SUPERIOR STREET	OPALOCKA, FL 33054
SECRETARY	BLANCA MORA	485 EAST 57 STREET	HIALEAH, FL 33013

**REINSTATEMENT**

**RH**

10. E-mail Address: PASTORBARCELONA@HOTMAIL.COM

(To be used for future annual report notification)

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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

g 20f2

## ADEMDUM


TODAY APRIL 14, 2010, I WANT TO DECLARE A LETTER OF APPRECIATION TO YOU, AND ON BEHALF OF OUR MINISTERIO EVANGELICO PENTECOSTAL ROSTRO DE DIOS, INC, I WAN TO MAKE A CHANGE IN OUR ADDRESS:

BLANCA MORA INSTEAD OF 485 EAST 57 STREET,  
HIALEAH, FLORIDA 33013  
PLEASE POST THE FOLLOWING:

1046 SUPERIOR STREET, OPALOCKA ,FLORIDA 33054

ALSO I AM INCLUDING \$113.75 TO REINSTATE MY CORPORATION.

REGARDS

  
PASTOR. HECTOR. R. BARCELONA  
786-439-4498

RH