PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 18 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04449

1. Corporation Name

AMERICAN CATHOLIC CHURCH - SANTUARIO DE LA CARIDAD DEL COBRE, INC.

REINSTATEMENT 03-09

CR2E081 (11/09)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3475 W. FLAGLER ST | 3475 W. FLAGLER ST |
| Suite, Apt. #, etc.: 2ND FLOOR | Suite, Apt. #, etc.: 2ND FLOOR |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33135 Country: USA | Zip: 33135 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 07/30/1984

5. FEI Number: ☑ 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: JOSE LUIS LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.: 3RD FLOOR

City: CORAL GABLES State: FL Zip Code: 33134

☑ 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.

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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: 11/09/2009

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/S | HAYDELSTIEN, YISHAI | 1930 NW 36TH AVENUE | MIAMI FL 33125 |
| VP | LEAL, ANDRES | 1930 NW 36TH AVENUE | MIAMI FL 33125 |
| VP | ZUBIZARRETA,F | 1930 NW 36TH AVENUE | MIAMI FL 33125 |
| AVP | MUNOZ, JOSE M | 1930 NW 36TH AVENUE | MIAMI FL 33125 |
| T | RUBIO, VICTORIA | 1930 NW 36TH AVENUE | MIAMI FL 33125 |
| AT | BARRETO, DIXON | 1930 NW 36TH AVENUE | MIAMI FL 33125 |

10. **E-mail Address:** _____
(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:** _____ 11/9/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #