PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 99 APR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 22 AM 11:37

DOCUMENT # N04803

1. Corporation Name

HIALEAH CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
310 N EAST 5 STREET HIALEAH FL 33010 US	SANTIESTEBAN, MELQUIADES 310 E 5TH ST HIALEAH FL 33010-1824

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/22/1984

5. FEI Number: 59-2698238 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SANTIESTEBAN, MELQUIADES	971 W. 64 PLACE	HIALEAH FL
TD	EMILIO ALVAREZ	6035 ALTON RD	MIAMI BCH FL 33140
SD	OBED SANTIESTEBAN	1675 W 59TH ST	HIALEAH FL
			000003033170--6
			-11/02/99--01104--006
			*****61.25 *****61.25

8. Name and Address of Current Registered Agent

SANTIESTEBAN, MELQUIADES
310 E 5TH ST
HIALEAH FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Melquiades Santiesteban REQUIRED Date:

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Melquiades Santiesteban REQUIRED

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

0015736 AF

Iglesia del Nazareno El Buen Pastor

Mel Santiesteban
PASTOR

October 19, 1999

Florida Dept. of State
Tallahassee, Fl

Gentlemen:

The Hialeah Church of the Nazarene, received the dissolution notice on October 14, 1999, and we do not recall any previous notification for the corporation license.

This is a church located in a low income class families and all income are limited to donation for the church members, therefore we are requesting the waive of the US $175. penalty.

Your prompt attention to this matter will be appreciated.

God bless you,

Mel Santiesteban
Pastor

310 East 5th Street - Hialeah, FL. 33010 - Tel: (305) 888-8651 - Fax: (305) 888-7013