

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000009707

1. Corporation Name

IGLESIA CRISTIANA CASA DE DIOS Y PUERTA
DEL CIELO INC.

2. Principal Office Address - No P.O. Box #
110 SW 65th TERRACE

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip Country
33023 USA

3. Mailing Office Address
110 SW 65th TERRACE

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip Country
33023 USA

7. Name and Address of Current Registered Agent

Name
JAVIER AMAYA

Street Address (P.O. Box Number is Not Acceptable)
110 SW 65th TERRACE

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State Zip Code
FL 33023

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 07/14/2009

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	JAVIER AMAYA	110 SW 65th Terrace	Pembroke Pines, FL 33023
VP	ZOILA AMAYA	110 SW 65th Terrace	Pembroke Pines, FL 33023
T	LUCIA S. AMAYA	110 SW 65th Terrace	Pembroke Pines, FL 33023
S	SERGIO RONDON	110 SW 65th Terrace	Pembroke Pines, FL 33023

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:

JAVIER AMAYA

07/14/2009

954-802-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JUL 16 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500158594785
07/16/09--01045--004 **183.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 09/14/2006

5. FEI Number 26-3174403

Applied For
Not Applicable

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

☒ 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.