

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 MAY -8 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10000004847

1. Corporation Name

IGLESIA COMUNIDAD CRISTIANA  
EMMANUEL CORP

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

11137 NW 72 TER

Suite, Apt. #, etc.

City & State

DORAL FL

Zip Country

33178 USA

3. Mailing Office Address

11137 NW 72 TER

Suite, Apt. #, etc.

City & State

DORAL

Zip Country

33178 USA

200234782492  
05/08/12--01008--005 \*\*297.50

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/14/2010

5. FEI Number

27-2605065

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

GUY D. S PEROUTO CPA

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

8963 Stirling Road STC 101

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33328

REINSTATEMENT

MAY 8 2012

T. SCOTT

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 5/1/12

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
D	Nelson G De Abreu FERREIRA	11137 NW 72 TER	DORAL FL 33178
D	Athenis A Guillen De De ABREU	11137 NW 72 TER	DORAL FL 33178
D	CARLOS E URBANEJA	70164 NW 113 PI	DORAL FL 33179
D	KAREN ORDONEZ	11137 NW 72 TER	DORAL FL 33178
D	Amalia Verde	70164 NW 113 PI	DORAL FL 33179

10. E-mail Address: KAREN P ORDONEZ6@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MAY 01 2012

Daytime Phone #