

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14000011707
1. Corporation Name IGLESIA CRISTIANA UID
Verdadera Inc.

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

11720 USHWY 19

Suite, Apt. #, etc.

STE 8

City & State

Port Richey

Zip

346681050

Country

PASCO

3. Mailing Office Address

11720 USHWY 19

Suite, Apt. #, etc.

STE 8

City & State

Port Richey

Zip

346681050

Country

PASCO

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-2014

5. FEI Number

90-0941319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angel L. Muñoz

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

95413 Marlinton Lane

Suite, Apt. #, Etc.

Port Richey

State

FL

Zip Code

34668

700279623347
12/01/15--01010--025 **245.00

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

A.B. Angel L. Muñoz

REGISTERED AGENT MUST SIGN

Date 11-18-15

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
Sec	Angie Muñoz	12119 Windsor Ln	Hudson Fl 34667
Music Dir	Steven Reyes	8639 Fox Hollow	Port Richey Fl 34668
Treas	Sonia Lopez	Fox Hollow Ave	Port Richey Fl 34668

10. E-mail Address: AngelMuñoz2352@yahoo.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 § 817.155, F.S.

SIGNATURE:

A.B. Angel L. Muñoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-15

Date

Daytime Phone #