

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

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

SECRETARY OF STATE
BELLAMY SQUARE, ALBANY

2. Principal Office Address - No P.O. Box # <u>11720 USHWY 19</u> Suite, Apt. #, etc. <u>STE 8</u> City & State <u>Port Richey</u> Zip <u>346681050</u> Country <u>PASCO</u>		3. Mailing Office Address <u>11720 USHWY 19</u> Suite, Apt. #, etc. <u>STE 8</u> City & State <u>Port Richey</u> Zip <u>346681050</u> Country <u>PASCO</u>	
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida <u>12-30-2014</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. FEI Number <u>90-0941319</u>		
6. CERTIFICATE OF STATUS DESIRED <u>X</u>	\$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) 9543 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 R.B. Angel L. Muñoz Date 11-18-15
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
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: ANGELMUNOZ2352@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: R.B. Angel L. Muñoz Date 11-17-15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #