

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9701

DOCUMENT # N14273
1. Corporation Name
IGLESIA PENTECOSTAL LA SENDA
ANTIGUA CORP.

2. Principal Office Address
4341 NW 167 STREET
Suite, Apt. #, etc.

3. Mailing Office Address
4341 NW 167 STREET
Suite, Apt. #, etc.

City & State
CAROL CITY, FL

City & State
CAROL CITY, FL

Zip Country
33055-4310 USA

Zip Country
33055-4310 USA

4. Date Incorporated or Qualified To Do Business in Florida 4/9/86

5. FEI Number 59-2668606 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 ANGEL L. CARRASQUILLO 300004700003 --6

Street Address (P.O. Box Number is Not Acceptable) 195 NW 72nd STREET -11730701--01039--007
*****500.00 *****500.00

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33150

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 *[Signature]* Date 9/7/01
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
P/D	ANGEL L. CARRASQUILLO	195 NW 72 nd STREET	MIAMI, FL 33150
S/D	ESTHER CARRASQUILLO	195 NW 72 nd STREET	MIAMI, FL 33150
T/D	LUIS COLON	10050 SW 41 st TERR	MIAMI, FL 33165
D	VICTOR CEDEÑO	180 SEAMONS STREET	OPALOCKA, FL 33054
D	JESUS MEDERO	16824 NW 44 th AVENUE	OPALOCKA, FL 33055

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 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: *[Signature]* Date 9/7/01 (305) 758-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)