

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15760

1. Corporation Name

RENOVACION CARISMATICA CATOLICA HISPANA, INC.

Principal Place of Business

Mailing Address

500 N.W. 22nd Avenue
Miami, FL 33142

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

500 N.W. 22nd Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33142

Country

Dade

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/9/86

5. FEI Number

65-0043686

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Rafael de los Reyes	5750 S.W. 46 Terrace	Miami, FL 33155
STD	Marina Mendizabal	6401 S.W. 107th Court	Miami, FL 33173

200002362902--3
-12/04/97--01067--005
****735.00 ****735.00

REINSTATEMENT 89-97

A. Alan
12/1/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rafael de los Reyes
5750 S.W. 45th Terrace
Miami, FL 33155

Name

Rafael de los Reyes

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

5750 S.W. 45th Terrace

Suite, Apt. #, Etc.

City

Miami

State Zip Code

FL 33155

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date October 30 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rafael de los Reyes, President/Director

Date (305) 638-9729
Daytime Phone #

CP250-00 (12/95)