PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -9 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/05/02--01096--001 **245.00

DOCUMENT # **N28687**

1. Corporation Name

TEMPLO HISPANO BET-EL, INC.

Principal Place of Business	Mailing Address
1921 5TH AVE 2821 DURHAM ST. TAMPA FL 33605 US	%THOMAS M. MONTERO 2821 DURHAM ST. TAMPA FL 33605

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6001 S. MAIN Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State
Zip: 33611 Country: Hillsborough	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/1988

5. FEI Number: 59-2870661 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MONTERO, THOMAS M.	2821 DURHAM ST.	TAMPA FL
~~D~~ D	~~CABRERA, ROSA D~~ CABRERA, ROSA D	~~3904 ARLINGTON AVE~~ 3904 ARLINGTON	~~TAMPA FL~~ TAMPA FL 33603
~~D~~ D	~~CABRERA, JOSE~~ CABRERA JOSE	~~3904 ARLINGTON AVE~~ 3904 ARLINGTON AVE	~~TAMPA FL 33603~~ TAMPA FL 33603
~~S~~ D	~~GARCIA, OSCAR~~ MONTERO, CARMEN	~~308 N. FREEMONT~~ 2821 DURHAM ST	~~TAMPA FL 33606~~ TAMPA FL 33605
T	MONTERO, TOMAS	~~2821 DURHAM ST.~~ 4429 PINTOR PL.	~~TAMPA FL 33605~~ TAMPA, FL 33616
D	LOURDES COUNDRES	508 N. GOMEZ	TAMPA, FL 33606

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MONTERO, THOMAS M. *2821 DURHAM ST.* TAMPA FL 33605	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/28/02

REGISTERED AGENT MUST SIGN

Per Thomas M. Montero 10/28/02

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., 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 REQUIRED — 10/28/02 — (813) 835 4755 / (813) 508 1857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #