

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31124

1. Corporation Name

BIBLE CHURCH OF HIALEAH, INC.

Principal Place of Business

7400 NW SOUTH RIVER DR
B-3
MEDLEY FL 33166
US

Mailing Address

7400 NW SOUTH RIVER DR
B-3
MEDLEY FL 33166
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 NOV 13 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1989

5. FEI Number

65-0122936

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State & Zip 4
PD	PINEIRO, JULIO	5591 NW 201 ST	CAROL CITY FL 33055
VD	JIMENEZ, MARIO A	19494 SW 210 STREET	MIAMI FL 33187
TD	JIMENEZ, RUTH	19494 SW 210 STREET	MIAMI FL 33187
SD	PINEIRO, BETSY	5591 NW 201 ST	CAROL CITY FL 33055
D	LABRADOR, JULIO	1071 E 20TH ST	HIALEAH FL 33013
D	RAMOS, NORBERTO	400 NE 155 TERR	NORTH MIAMI FL 33162

8. Name and Address of Current Registered Agent

JULIO, PINEIRO A
5591 NW 201 ST.
CAROL CITY FL 33055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000024172020

10/27/03--01099--00 State & Zip Code's

FL

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

Julio A. Pineiro
REGISTERED AGENT MUST SIGN

Date

10-22-2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio A. Pineiro JULIO A. PINEIRO

Date

10-22-2003

Daytime Phone #

325-863-8008

CR2E040 (7/03)