

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  
1997 JUL 22 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N35720

1. Corporation Name PRIMERA IGLESIA CRISTIANA DISCIPULOS DE CRISTO DE MIAMI, INC.

Principal Place of Business 11990 S.W. 56th Street Miami, FL 33183

Mailing Address P.O. Box 830786 Miami, FL 33183

W97-15722

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/08/1989

5. FEI Number 65-0145014  
05-01326-19-23

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Roberto Del Valle	11830 SW 100 Terrace	Miami, FL 33186
V/D	Sixto Morales	15024 SW 130 Court	Miami, FL 33186
S/D	Gianina Abott	8500 SW 133 Ave. #106	Miami, FL 33183
T/D	Joseph R. Robles	30323 SW 149th Court	Leisure City, FL 33033

**REINSTATEMENT** 03 07 19 7/22/97

8. Name and Address of Current Registered Agent

Rev. Jose D. Rivera-Tormos  
12334 SW 131 Avenue  
Miami, FL 33243-0712

9. Name and Address of New Registered Agent

Name Heaton M. Betts

Street Address (P.O. Box Number is Not Acceptable) 10461 S.W. 1st Ave

Suite, Apt. #, Etc.

City Lwani State FL Zip Code 33186

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 [Signature] Date 6-30-97

REGISTERED AGENT MUST SIGN

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)(f), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Roberto Del Valle, President/Director

800002251658-03  
-07/29/97--01134--002  
\*\*\*\*490.00 \*\*\*\*490.00  
6/30/97 (305) 596-3632

Date 6/30/97 Daytime Phone # (305) 596-3632

CR2E040 (12/96)