

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

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.**

W97-15722

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

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

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

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. Estrada**
Street Address (P.O. Box Number is Not Acceptable)
10461 S.W. 1st Ave
Suite, Apt. #, Etc.

City **Miami**

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

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)(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
Roberto Del Valle, President/Director

Date

Daytime Phone #

800002251668-03
-07/29/97--01134--002
****490.00 ****490.00
6/30/97 (305) 596-3632

CR2E040 (12/96)