

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 28 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # **N35201**

1. Corporation Name
**Iglesia Buenas Nuevas Asambleas de
Dios
N35201**

2. Principal Office Address - No P.O. Box #

2580 W 2nd Ave

Suite, Apt. #, etc

Hialeah FL

City & State

33010

Zip

Country

Miami

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

65-0223347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Hernandez

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

19850 NW 83rd Ave

Suite, Apt. #, Etc

Hialeah

City

State

FL

Zip Code

33015

700253299407

10/28/13--01049--008--236.25**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/24/13**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Daniel Hernandez Rev	19850 NW 83rd Ave	Hialeah FL 33015
VO	Susana Hernandez	19850 NW 83rd Ave	Hialeah FL 33015
TD	Basulto, George	11646 NW 90th Ave	Hialeah FL 33018
S	Ramon, Guillermo	7275 W 3 Ave	Hialeah FL 33014
S	Paula, Schaumburg	19444 NW 61st Ave	Miami, FL 33015

10. E-mail Address: **Dansusa@aol.com**

OCT 28 2013

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. WILLIAMS

10/24/13 305-502-9022

Date

Daytime Phone #