

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

98 NOV 12 AM 10:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N37943

1. Corporation Name

IGLESIA CHRISTIANA SEGUNDA EL FARO, INC  
*W18-23423*

Principal Place of Business

HC 61, Box 436  
 Clewiston, FL 33440

Mailing Address

HC 61, Box 436  
 Clewiston, FL 33440

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

**REINSTATEMENT 94-98**

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/01/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0194756

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	Rev. Lucille Irizarry	2273 Walton Avenue	Bronx, NY 10453
S/D	Manuel Irizarry	2273 Walton Avenue	Bronx, NY 10453
T/D	Bienvenido Virvet	HC61, Box 436	Clewiston, FL 33440

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 \*\*\*\*490.00 \*\*\*\*490.00

*OH 11/16*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lucille Irizarry  
 2273 Walton Avenue HC61, Box 436  
 Bronx, NY 10453 Clewiston, FL 33440

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Rev. Lucille Irizarry*

REGISTERED AGENT MUST SIGN

Date

10-8-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Lucille Irizarry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-98 9834980

Date

Daytime Phone #

CFR2040 (1989)