

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 38914

1. Corporation Name

St. Peter's Evangelical Lutheran Church
Of Miami

2. Principal Office Address

3360 West Flagler Street

Suite, Apt. #, etc.

3. Mailing Office Address

3360 West Flagler Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1990

5. FEI Number

050032978

Apply For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required
for a Certificate of Status

REINSTATEMENT *01-02*

300008638423
10/29/02--01001--012 **306.25

7. Name and Address of Current Registered Agent

Name

Rev. Jorge Cortada

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

St. Peter's Evangelical Lutheran Church

Suite, Apt. #, Etc.

3360 West Flagler Street

City

Miami,

State
FL

Zip Code
33135

300008638423
10/29/02--01001--013 **8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0503, F.S.

Signature of
Registered Agent

REV. JORGE A. CORTADA

Date 10/24/02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mrs. Migdalia Lozano	150 NW 33 Ave	Miami, FL 33125
VD	Mr. Felix Echeverria	1225 SW 107 Ave., Palmer House	Miami, FL 33174
SD	Mr. Eduardo Muina	6631 SW 2nd Street	Miami, FL 33144
TD	Mr. Jose Comas	10854 SW 88 Street #409	Miami, FL 33176

10. 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 507.0401 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. This 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

10/24/02 JOSE COMAS

Date

Daytime Phone #

CR-2001 (2001)