

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-02

DOCUMENT # **N41687**

1. Corporation Name

**LA IGLESIA DE DIOS PENTECOSTAL OF MIAMI, INC.**

Principal Place of Business

Mailing Address

2655 N.W. 115TH ST.  
MIAMI FL 33167

2655 N.W. 115TH ST.  
MIAMI FL 33167

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

\*\*\*\*61.25 \*\*\*\*61.25

01/16/1991

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. FEI Number

65-0297393

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	4 City / State / Zip
P	COLON, VICENTE	2655 N.W. 115TH ST.	MIAMI FL
D	COLON, HIPOLITO	2655 N.W. 115TH ST.	MIAMI FL
D	COLON, FELICITA	2655 N.W. 115TH ST.	MIAMI FL
D	HERNANDEZ, LUIS E.	9545 N.W. 5TH AVE.	MIAMI FL

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05/17/02 01009--022  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLON, VICENTE  
2655 N.W. 115TH ST.  
MIAMI FL 33167

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt., #, Etc.  
City State Zip Code  
**FL**

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

*Vicente Colon*  
REGISTERED AGENT MUST SIGN

Date

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. 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:

*Vicente Colon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 31, 2001

Date

Daytime Phone #

CR2040 (8/01)