

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 SEP 25 PM 1:18

DOCUMENT # **N45246**

1. Corporation Name

IGLESIA CRISTIANA LEON DE JUDA, INC.

Principal Place of Business

Mailing Address

7640 SOUTHWEST 134TH AVENUE
 MIAMI FL 33183

7640 SOUTHWEST 134TH AVENUE
 MIAMI FL 33183



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

REINSTATEMENT 99-06

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/19/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0280157

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
PD	JIMENEZ, RAUL	7640 S.W. 134TH AVENUE	MIAMI FL
VD	JIMENEZ, MARGARITA	7640 S.W. 134TH AVENUE	MIAMI FL
TRD	BALVI, YOLANDA	4848 S.W. 7 STREET #103	MIAMI FL 33126
			900003406579--8 -09/27/00--01057--022 ***306.25 ***306.25 9/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JIMENEZ, RAUL
 7640 SOUTHWEST 134TH AVENUE
 MIAMI FL 33183

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

RAUL JIMENEZ
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 9/20/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

RAUL JIMENEZ
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/20/00

305-348-2148
 Daytime Phone #

CR2ED40 (8/99)