PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

N45246

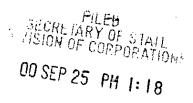
1. Corporation Name

IGLESIA CRISTIANA LEON DE JUDA, INC.

Principal Place of Business

Mailing Address

7640 SOUTHWEST 134TH AVENUE



- 4 1807 (1818) 181 (1818) 181 (1818) 181 (1818) 181 (1818) 181 (1818) 181 (1818) 181 (1818) 181 (1818

MIAMI FL 3	3183	AVENUE		MIAMI FL 33183						
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			
Z. NEW FIII	rdoress, ii Applicable				To Do Business in Florida 09/19/1991					
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number Applied For			
City & State	· '	City & State	City & State			65-0280157 Not Applicable				
Zip Country			Zip	Zip Countr			CERTIFICATE OF STATUS DESIRED for a Certificate of Status		dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s) Name of Officers and/or Directors 1 2				Str. Off		reet Address of Each fficer and/or Director		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		
					900034065798 -09/27/0001057022					
-								*****306.25		
			<u> </u>					φ. 1		
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
Name										
JIMENEZ, RAUL 7640 SOUTHWEST 134TH AVENUE MIAMI FL 33183					Street Address (F Suite, Apt. #, Etc		P.O. Box Number is Not Acceptable)			
										City
					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 VSUS NATURE REQUIRED 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 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.										