

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 DEC -3 PM 3:29

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47838

1. Corporation Name
Iglesia Redimidos Por La Sangre De Jesus INC.

2. Principal Office Address - No P.O. Box #
16008 SW 153RdSt
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 9663
Suite, Apt. #, etc.

City & State
Indiantown, FL

City & State
Port St. Lucie, FL

Zip
34956 Martin

Zip
34985 St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI NUMBER Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Carmen Estrada-Chavez

Street Address (P.O. Box Number is Not Acceptable)
1790 Columbia St
Suite, Apt. #, Etc.

City
Port St. Lucie

State
FL

Zip Code
34987

900253405499
12/03/13--01006--005 **\$61.25

900253405499
10/31/13--01005--006 **\$236.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617 0503, F.S.

Signature of Registered Agent Carmen Estrada-Chavez Date _____
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
owner	<u>Carmen Estrada-chavez</u>	<u>1790 Columbia St</u>	<u>Port St. Lucie FL</u>
VP	<u>Clemente Chavez</u>	<u>1790 Columbia St</u>	<u>Port St. Lucie, FL</u>
S/T	<u>Frank Estrada</u>	<u>1790 Columbia St</u>	<u>Port St. Lucie FL</u>
S/T	<u>Niami Perez</u>	<u>1500 SW. Kanner Hwy</u> <u>Lot 6 1B</u>	<u>Indiantown FL</u> <u>34956</u>

10 E-mail Address: Redimidos03@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Carmen Estrada Chavez Date 772-349-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RE 12/4/13
1/20/2013 8:18 AM