

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 DEC -3 PM 3:29

DOCUMENT # N47838

1. Corporation Name

Iglesia Redimidos Por La Sangre  
De Jesus INC.

2. Principal Office Address - No P.O. Box #

16008 SW 153Rd St  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9663  
Suite, Apt. #, etc.

City &amp; State

Indiantown, FL  
Zip Country

City &amp; State

Port St. Lucie, FL  
Zip Country34956 Martin34985 St. Lucie

CR2E081 (11/10)

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

34987900253405499  
12/03/13--01006--005 \*\*\$61.25900253405499  
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 AgentCarmen Estrada-Chavez  
REGISTERED AGENT MUST SIGN

Date

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>Naomi Perez</u>	<u>11500 SW Kanner Hwy</u> <u>Lot 6 JB</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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

772-349-1270  
Daytime Phone #RE 12/4/13  
12/20/2013 8:18 AM