

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

189c 10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47838**

1. Corporation Name

**REDIMIDOS POR LA SANGRE DE JESUS ASAMBLEAS DE DI
OS, PENTECOSTES INC.**

Principal Place of Business

Mailing Address

16008 SW 153RD ST
INDIANTOWN FL 34956

P.O BOX 2085
INDIANTOWN FL 34956

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1992

5. FEI Number

65-0333637

Applied For

APPLIED FOR

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ESTRADA, CARMEN	1757 SE AIRES LANE	PORT SAINT LUCIE FL 34984
SD	MARTINEZ, MARIA	15358 SW 150TH STREET	INDIANTOWN FL 34956
TD	MARTINEZ, MARIA	15358 SW 150TH STREET	INDIANTOWN FL 34956
SD	Gaspar, Marysabel	14788 Martin Ave	Indiantown, FL 34956
TD	Martinez, Maria	8626 SE Lyons St.	Hobe Sound, FL 33455

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESTRADA, CARMEN
15817 SW 151 ST.
INDIANTOWN FL 34956

Name

Address (Street 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. or 617.0505, F.S.

Signature of
Registered Agent

Carmen Estrada

REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

Carmen Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

772-336-0591

Daytime Phone #

CR2E040 (7/03)

Redimidos Por la Sangre de Jesus A/D

16008 SW 153rd st.
P.O. Box 2085
Indiantown, Florida 34956

Phone 772- 597-1777 Cell 772-349-1270

October 14, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: **Redimidos Por La Sangre De Jesus A/D- Aplicacion for Reinstatement**

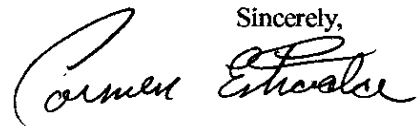
Refrence Number: **N47838**

To whom it may concern.

The reason for this letter is to inform you that we sent to you the application for reinstatement but it was not filed due to the fact that there were corrections that needed to be made. A copy of the application was sent back to us so we can correct the correction in which we just happen to recieve. We already sent to you a check for the amount of \$70.00 the first time in which the application was sent.

we also request a form or ammendment to be able to switch from a Corporation to an affiliation. Any questions that you may have please contact me at the above mentioned number.

Sincerely,



Pastor Carmen Estrada