PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RAC 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

08/08/03 90092 030 7.00

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

REINSTATEMENT 03 TS

CR2E040 (7/03)

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 Date 10-14-03
REGISTERED AGENT MUST SIGN

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 10-14-03 772-336-0591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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- Aplication 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,

Carmen Estrada

Pastor Carmen Estrada