

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 31 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 48789**

1. Corporation Name
**Iglesia Bautista de Renovacion
Cristiana**

2. Principal Office Address
8326 S.W. 8 ST.

3. Mailing Office Address
same

Suite, Apt. #, etc.
City & State
Miami, FL.

Suite, Apt. #, etc.
City & State
Zip
Country

33144 USA

4. Date Incorporated or Qualified
To Do Business in Florida **5/8/92**

5. FEI Number **65-0342568** 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 **Aldo Ruiz**

500003222085-2
-04/25/00--01010--007
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable)
10908 N.W. 58 Terr

REINSTATEMENT 99-00-18

Suite, Apt. #, Etc.

City **Miami**

State **FL** Zip Code **33078**

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

Date **3/24/00**

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 |
|--------|-----------------------------------|--|--------------------|
| D | Hugo Ruiz | 11981 S.W. 34 Terr | MIAMI, FL. 33175 |
| D | Aldo Ruiz | 10908 N.W. 58 Terr | MIAMI, FL. 33078 |
| D | Hector Lopez | 8579 S.W. 5 St. | MIAMI, FL. 33144 |
| D | Raymundo Heredia | 1920 N.W. 34 Ave. | MIAMI, FL. 33125 |
| D | Justino Landivar | 12523 N.W. 11 Lane | MIAMI, FL. 33182 |
| D | Carlos Lopez | 14710 S.W. 57 Terr | MIAMI, FL. 33193 |

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

305-478-3234

Daytime Phone #

CR2E081 (9/99)