PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
96 NOV 18 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50834

1. Corporation Name
IGLESIA CRISTIANA "UNIDOS EN CRISTO", INC.
~~761 N.E. 139 St.~~
N. MIAMI, FL 33161

Principal Place of Business	Mailing Address
~~761 N.E. 139 St.~~ North Miami, Fl 33161	~~761 N.E. 139 St.~~ North Miami, Fl 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
13389 MEMORIAL HWY.	6444 FLETCHER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI, FL.	City & State: HOLLYWOOD, FL.
Zip: 33161 Country: dade	Zip: 33023 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 9/15/92

5. FEI Number: 65-03-554-0834 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Name 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HECTOR HERNANDEZ	6444 FLETCHER ST.	HOLLYWOOD, FL. 33023
VP	CARMEN CORRALIZA	12690 N.W. 1 CT.	MIAMI, FL. 33168
T	RAFAEL VEGA	48 N.W. 60 ST.	MIAMI, FL. 33150

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REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

HAYDE MATOS
6045 DEWEY ST.
HOLLYWOOD, FL 33023

9. Name and Address of New Registered Agent 11-18-96

Name: MARIO HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 281 N.W. 179 ST.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33169

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11-11-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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] (Hector Hernandez) 11-11-96 954-96-5489
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/94)