PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 MAR 27 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N92000000311

1. Corporation Name
CRISTIAN SOCIAL REFORMIST PARTY INC.
6001 N.W. 153 STREET- SUITE "F"
MIAMI, LAKE Florida 33014

Principal Place of Business | Mailing Address

REINSTATEMENT 94-98

WDB 5557

SL 7-27-98

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
6001 N.W. 153 St. "F"	6001 N.W. 153 St. suite "F"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, LAKE, Florida	MIAMI LAKE Florida
City & State	City & State
33014 DADE	
Zip / Country: 33014 DADE	Zip / Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/92

5. FEI Number: 65-0376222 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	MANUEL O. ARZENO	1071 N.W. 134 CT.	MIAMI, Florida 33184
D/V	LRIS MARTINEZ	6001 N.W. 134 CT	MIAMI, LAKE FL. 33014
D/V	Luis M. CAMPILLO	6001 N.W. 153 St	MIAMI, LAKE FL. 33014
D/S	Luis E. ARZENO	6001 N.W. 153 St	MIAMI, LAKE FL. 33014
D	RAFAEL OZUNA	6001 N.W. 153 St.	MIAMI, LAKE FL. 33014
D	Rodolfo de LA CRUZ	6001 N.W. 153 St.	MIAMI, LAKE FL. 33014

8. Name and Address of Current Registered Agent

200002478952--9
-04/06/98--01004--004
****481.95 ****481.95

9. Name and Address of New Registered Agent

Name: MANUEL O. ARZENO
Street Address (P.O. Box Number is Not Acceptable): 1071 S.W. 134TH CT.
Suite, Apt. #, Etc.:
City: MIAMI, FL. 33184
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.

Signature of Registered Agent: Manuel O. Arzeno REGISTERED AGENT MUST SIGN Date: 03/10/98

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 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: X Manuel O. Arzeno 03/10/98 (305) 298-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #