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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 PM 1:24

REINSTATEMENT 04-06

CR2E081 (12/05)

DOCUMENT # N94000002034

1. Corporation Name

IGLESIA BAUTISTA EL MESIAS,INC.

2. Principal Office Address	3. Mailing Office Address
6741 Coral Way	692 W. 29 St.
Suite, Apt. #, etc. Suite 13	Suite, Apt. #, etc. # 9
City & State Miami, Fl.	City & State Hialeah, Fl.
Zip 33155 Country USA	Zip 33012 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 04/21/1994

5. FEI Number 65-0481631 ☐ 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: Maria Echevarria

Street Address (P.O. Box Number is Not Acceptable): 1200 E 4th Ave

Suite, Apt. #, Etc.:

City: Hialeah Miami State: FL Zip Code: 33010

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: Jose Silva Sr. Date: 5-16-06

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	Silva Nunez, Jose	10225 sW. 24 sT. B-122	Miami,Fl.33165
D	Silva, Jose Sr.	10225 SW. 24 St. B-122	Miami,Fl.33165
D	Palacio,Alberto	607 SW. 96 Ct.	Miami, Florida
D	Nunez,Nilda M.	11022 W.Flagler ST.	Miami,Fl.33174

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 contained in Chapter 119, 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: Jose Silva Sr. 305-887-4185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #