

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 11 PM 3:27

**DOCUMENT #** N94000003414

**1. Corporation Name**

CENTRO MISIONERO BETESDA, INC.

W01-22293

**2. Principal Office Address**

12350 SW 132 Ct. # 207  
Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

MIAMI, FL. 33186

**City & State**

**Zip**

33186

**Country**

DADE

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/12/94

**5. FEI Number**

65-0503769

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 97-01

**7. Name and Address of Current Registered Agent**

**Name**

ROSA GUERRA

**Street Address (P.O. Box Number is Not Acceptable)**

11725 SW 122 Place

**Suite, Apt. #, Etc.**

**City**

MIAMI, FL. 33186

**State**

FL

**Zip Code**

**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

*Rosa Guerra*

Date 09/19/01

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
PD	ENRIQUE MONTEALEGRE	11725 SW 122 Place	MIAMI, FL. 33186
D	MELIDA SANCHEZ	11725 SW 122 Place	MIAMI, FL. 33186
D	ROSA GUERRA	11725 SW 122 Place	MIAMI FL 33186

**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

09/19/01

Date

Daytime Phone #

CR2E081 (9/00)