

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
00 OCT 19 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004305

1. Corporation Name

IGLESIA BAUTISTA HISPANA CORAL GABLES, INC.

Principal Place of Business

Mailing Address

3220 SW 25 STREET
MIAMI FL 33133

3220 SW 25 STREET
MIAMI FL 33133

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



REINSTATEMENT 00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/1994 - SP	
City & State		City & State		5. FEI Number	
Zip		Country		65-0520206	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROJAS, JUAN	3220 SW 25 STREET	MIAMI FL 33133
VD	ROJAS, DANIEL J	17800 SW 152ND AVE	MIAMI FL 33187
D	VALDES, ARTHUR M	15421 SW 177TH TERR	MIAMI FL 33187
TD	ROJAS, JUAN E.	3220 SW 25 STREET	MIAMI FL
D	MEDINA, ELIAS JR.	1700 NE 169 STREET 12160 St Andrews Pk #107	MIAMI BCH FL Miramar, FL 33025
S	VALDES, ZAIDA R MEDINA, YASMIN	15421 SW 177TH TERR 12160 St Andrews Pk #107	MIAMI FL 33187 Miramar, FL 33025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANTANA, F M 3701 SW 24TH ST 2466 SW 162 Terr UNIT 8 MIAMI FL 33133		Name	
Miramar, FL 33027		Street Address (P.O. Box Number is Not Acceptable)	
		30000 344 7499 -- 0	
		Suite, Apt. #, Etc.	
		11/01/00 - 01092 - 017	
		***245.00 ***245.00	
		City	State Zip Code
			FL

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 REQUIRED Date: 10/15/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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, 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 REQUIRED Oct 12, 2000 (305) 448-9070

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

CR2E040 (8/00)