PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
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| FOR |
| PEINISTATEMEN |



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # N9400000430 5 |
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1. Corporation Name

IGLESIA BAUTISTA HISPANA CORAL GABLES, INC.

Principal Place of Business

Mailing Address

3220 SW 25 STREET

3220 SW 25 STREET

FILED 00 OCT 19 PH 1:41

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| Radiova addresses are incorrect in any way, line through incorrect information and enter correction below. REINSTATEMENT Qualified | MIAMI FL 33133 MIAMI FL 331 | | | | 33 | | | | S (MESISET BSE INSI) OSAIS BAISI NOSII NOSII AANSI NOSII QSAND IISIS KANDS ASSI SAAS | | | | | |
|--|---|---|-----------------------------|------------------------|--|--------------|----------------------|-----------------|--|-------------|--------------|-----|--|--|
| Table aborts as and included in any provided or Qualified To Do Business in Florida Suita, Apt. 8, etc. Suita, | Marker and | | :t :t he | oveh incorrect in | REIN | | | REIN | STATEMENT DO | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Signature of Registered Agent Not Applicable 65-0520206 Certificate of Status Desired Missing of Certificate on Status Signature of Registered Agent Not Applicable Certificate OF STATUS DESIRED MISSING Certificate of Status Desired Missing of Certificate of Status Signature of Registered Agent Name Street Address of Each Officer and/or Director A City / State / Zip A MIAMI FL 33133 A MIAMI FL 33187 A | | | | | ng Office Address, If Applicable 4. Da | | | 4. Date Incorpo | Date Incorporated or Qualified | | | | | |
| City & State City & State Country Co | Suite, Apt. #, etc. Suite, Apt. #, | | | | etc. | | | - | | (|)8/30/19 | T | | |
| Country Zip Country Certificate of Status Desired Concentration of Status | City & State | • | | City & State | | | | | 05 0500000 | | | | | |
| 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 BY MADES, ARTHUR ME 17800 SW 25 STREET MIAMI FL 33187 TD ROJAS, JUAN E. 3220 SW 25 STREET MIAMI FL 32187 MIAMI FL 33187 MIA | Zip | | Country | Zip | | | | | | | | | | |
| Title(s) 2 and/or Directors 3 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 BY WALDES, ARTHUR ME 3220 SW 25 STREET MIAMI FL 33187 TD ROJAS, JUAN E 3220 SW 25 STREET MIAMI FL 33187 D MEDINA, ELIAS JR. 1700 NE1689 STREET MIAMI FL 33107 S WALDES, 2NDA A 12 SULV 17711 TERR 1714 D MAMI FL 33107 S. Name and Address of Current Registered Agent 9, Name and Address of New Registered Agent Name SANTANA, F M 17701 SW 947TH ST 2446 SW 16 Z Terr 1771 Sult Address (P.O. Box Number is Not Acceptable) 1770 Sulte, Apt. #, Etc. 1770 City State Zip Code FL Zi | 7. Names 8 | and Street Ad | dresses of Each Officer and | or Director (Flor | ida nonprof | it corporati | ons must list at lea | st 3 directors) | | | | | | |
| PD ROJAS, JUAN 3220 SW 25 STREET MIAMI FL 33133 VD ROJAS, DANIEL J 17800 SW 152ND AVE MIAMI FL 33187 DP MADES ARTHUR ME 18921 SW 25 STREET MIAMI FL 33187 TD ROJAS, JUAN E. 3220 SW 25 STREET MIAMI FL D MEDINA, ELIAS JR. 1760 NE169 STREET MIAMI FL S WALDES, 2NDA A 125 MIAMI FL 33025 8. Name and Address of Current Registered Agent PARTH TERR Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SANTANA, F M 12701 SW 24714 ST 2446 SW 16 Z TERR Street Address (P.O. Box Number is Not Acceptable). Signature of Registered Agent PL 33027 Suite, Apt. #, Etc. ****245.00 *****245.00 *****245.00 *****245.00 ******245.00 ******245.00 *******245.00 *******245.00 *******245.00 *******245.00 ********245.00 ********245.00 ********245.00 *********245.00 *********************************** | Title(s) | 2 | | | 3 | | | | 4 | City / S | State / Zip | | | |
| B HANDES ARTHURM TO ROJAS, JUAN E. 3220 SW 25 STREET MIAMI FL | PD | | UAN | | | | | | MIAMI FL 33133 | | | | | |
| TD ROJAS, JUAN E. 3220 SW 25 STREET MIAMIFL D MEDINA, ELIAS JR. 1700 NE-153 STREET NAME FL 33 02.5 S WALDES, JANA R 124 SW 477TH TERR 124 D SA ANDREAS OF Current Registered Agent Name S. Name and Address of Current Registered Agent Name SANTANA, F M 12704 SW 167 Terr WALDES, JANA R 124 SW 167 THERR 124 D SA ANDREAS OF New Registered Agent Name SITE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. ****245.00 ****245.00 *****245.00 ** Suite, Apt. #, Etc. ****245.00 ******245.00 ******245.00 ******245.00 ******245.00 ******245.00 ******245.00 *******245.00 *******245.00 *********************************** | VD | ROJAS, D | PANIEL J | | 17800 SW 152ND AVE | | | MIAMI FL 33187 | | | | | | |
| D MEDINA, ELIAS JR. 1700 NE169 STREET 1716D STARRET 1716D | ₽• | YALDES. | ARTHUR-M | | #8421-SW-1777M-TERN | | | | -MIAMI FE 33187 | | | | | |
| S WALDES, ZAIDAR 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SANTANA, F M 10701 SW with ST 2466 SW 167 Terr UNITED Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. *****245. DO *****245. DO The Agent Age | TD | ROJAS, JUAN E. | | | 3220 SW 25 STREET | | | MIAMI FL | | | | | | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SANTANA, F M 19701 SW 947H ST 2466 SW 167 Tevr Suite, Apt. #, Etc. Suite, Apt. #, Etc. 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 REGISTERED AGENT MUST SIGN 11. Lecrify that Lam 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 filling | D | D MEDINA, ELIAS JR. | | | 1700 NEWS STREET 12160 St Andrews 77 # W) | | | | | | | | | |
| SANTANA, F M 19701 SW 97fth ST 2466 SW 16 Z Terr UNITED Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. #***245.00 ****245.00 Total Suite, Apt. #, Etc. #***245.00 State 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 Registered | S | MEDI | HALL YASMIN | 7 | 15421 6 | W-1777H | TEAR Androws | | MIAMI FL-8 | 8187 FL | | 250 | | |
| UNITED *****245.00 *****245.00 City City State 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 REGISTERED AGENT MUST SIGN 11. Legriffy 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 filling | | 8. Nan | ne and Address of Current | Registered Age | nt | | | 9. Name and A | Address of Nev | v Registere | d Agent | | | |
| UNITED *****245.00 *****245.00 City City State 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 REGISTERED AGENT MUST SIGN 11. Legriffy 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 filling | | | | | | | Name | | | | | 800 | | |
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| Signature of Registered Agent Date 10/15/00 REGISTERED AGENT MUST SIGN 11 Locatify that Lam 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 filling | City | | | | | | FL | | | | | | | |
| 11. 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 filling 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 | Signature of Registered Agent Practical PARS Date 10/15/00 | | | | | | | | | | | | | |
| | 11. I certify | 11. 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 filling | | | | | | | | | | | | |

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.