

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 11:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004305**

1. Corporation Name

IGLESIA BAUTISTA HISPANA CORAL GABLES, INC.

Principal Place of Business

3220 SW 25 STREET
 MIAMI FL 33133

Mailing Address

3220 SW 25 STREET
 MIAMI FL 33133

REINSTATEMENT 02



600009485586
 12/12/02--01037--006 **236.25

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

4. Date Incorporated or Qualified To Do Business in Florida

08/30/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0520206

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
TD	TEIEDOR, UBALDO	13101 SW 118 ST	MIAMI FL 33186
D	MEDINA, ELIAS JR	12160 ST ANDREWS PL., #107	MIRAMAR FL 33025
S	MEDINA, YASMIN	12160 ST ANDREWS PL., #107	MIRAMAR FL 33025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SANTANA, F M
 13701 SW 64TH ST
 UNIT 8
 MIAMI FL 33183~~

Name

UBALDO TEIEDOR

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

13101 SW 118 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33025

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. or 617.0505, F.S.

Signature of Registered Agent

Ubaldo Teiedor
 REGISTERED AGENT MUST SIGN

Date

12/02/02

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 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)(f), 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:

Ubaldo Teiedor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/02 305-281-1589
 Date Daytime Phone #

CR2E040 (8/02)