

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 21 PM 3: 31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005017**

1. Corporation Name
**Iglesia Del Dios Vivo Columnay Apoyo De La Verdad
 La Luz Del Mundo**

Principal Place of Business Mailing Address
**790 NW 54 ST.
 Miami, FL 33127**

REINSTATEMENT 97-C

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

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/8/94

5. FEI Number
65-0592042

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Manuel Senna	790 NW 54th ST.	Miami, FL 33127
D	Carlos Corpus	8402 NW 57th St.	Tamanac, FL 33321
D	Eycardo Ospina	10345 NW 31 Ave	Miami, FL 33127

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8. Name and Address of Current Registered Agent

**Saul Rodriguez
 790 NW 54th ST.
 Miami, FL 33127**

9. Name and Address of New Registered Agent

Name **Manuel Senna**
 Street Address (P.O. Box Number is Not Acceptable)
790 NW 54th ST.
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33127**

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 Date **11/19/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **11/19/99** **305-759-1554**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #