

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 APR 30 AM 11:48

DOCUMENT # N95000000745

**1. Corporation Name**

IGLESIA CRISTIANA NUEVO PACTO INC.

**2. Principal Office Address**

2352 NW 7th STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

US

**3. Mailing Office Address**

2352 NW 7th STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

US

**REINSTATEMENT 99-01**

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

2/15/1995

**5. FEI Number**

05-0563691

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

RIVAS, JOSE

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

15302 SW 103 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

600004193456-7

05/11/01-01001-015

\*\*\*\*358.75 \*\*\*\*358.75

**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

REGISTERED AGENT MUST SIGN

Date

4/23/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	RIVAS, JOSE	15302 SW 103 CT	MIAMI FL 33157
SD	RUIZ, REMBERTO	3385 NW 198 TERRACE	MIAMI FL 33056
TD	RIVAS, GERARDO	6405 W 27th LN APT. 105	HIALEAH FL 33016

**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

Date

Daytime Phone #

4/23/01 (305) 742-4582

CR2E081 (9/99)