

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine A. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # N95000001048

1. Corporation Name

IGLESIA BAUTISTA MANANTIAL DE VIDA, INC

2. Principal Office Address

13155SW 232 St

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33170

Country

3. Mailing Office Address

13155SW 232St

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33170

Country

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

03/06/95

5. FEI Number

65-0547843

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

Carlos Armenteros

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

22210 SW 101 Ave Rd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33190

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

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
DP	Carlos Armenteros	22210SW 101 Ave Rd	Miami, FL 33190
DS	Eloisa Gutierrez	9821 Dominican Dr	Miami, FL 33189
DT	Hilda Cruz	15424 SW 123 Ave	Miami, FL 33177
D	Daniel Carrillo	14820 Naranja Lake Blvd	Miami, FL 33032
D	Juana M Sanchez	12887 SW 151 Lane	Miami, FL 33186

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:

Carlos Armenteros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 305-258-1764

Date

Daytime Phone #

CR2E081 (9/01)