

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUN -4 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001853

1. Corporation Name

IGLESIA PUBLICA BUENAS NUEVAS, INC

REINSTATEMENT 03-04

500037667845  
06/04/04--01036--009 \*\*175.00

500037667845  
06/04/04--01036--010 \*\*61.25

500037667845  
06/04/04--01036--011 \*\*61.25

2. Principal Office Address

206 EVERNIA ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1995

5. FEI Number

650579522

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

CRISTOBAL VELASQUEZ

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

206 EVERNIA ST.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 06/04/04

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

| Titles      | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|-------------|--------------------------------------|---|----------------------|
| PRES & Dir. | CRISTOBAL VELASQUEZ                  | 206 EVERNIA ST                                    | JUPITER FL 33458     |
| VP & Dir    | MARIO BERDUO                         | 1007 OREGON RD                                    | WPR FL 33405         |
| Sec & Dir   | CESAR LUCAS                          | 4900 CLOCK RD                                     | LAKE WORTH, FL 33460 |
|             |                                      |   |                      |
|             |                                      |   |                      |
|             |                                      |   |                      |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-313-2780

CR2E081 (01/04)