PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEASE READ ALL INSTRUCTIONS BEFORE C								
CORPORATION REINSTATEMENT		S	DEPART Secretary	of St			FIL 07 JUN 18	AM 8: 40
DOCUMENT # N95000003309 1. Corporation Name							SECRETARY TALLAHASSE	TÉ. FĽORI ĎA
Primera Iglesia Bautista Hispana de Brandon, Inc.								
			oiling Office Address 10 N. Taylor Road			REINSTATEMENT		
Suite, Apt. #, etc. n/a Suite, Apt. n/a						4. Date Incorporated or Qualified To Do Business in Florida 07/06/1995		
Brandon, Florida Bi		City & State Brando	city & State Brandon, Florida			5. FEI Numbe		Applied For Not Applicable
33510-2536 USA Zip 335		^{Zip} 33510-	2536		Ountry CERTIFICATE OF STATE			75 Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent								
Dr. (Rev.) Daniel Ortiz					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable) 1600 N. Taylor Road								
Suite, Apt. #, Etc. N/a								
^{City} Brandon				State FL	33510-2536	100 50 Walloa.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN						bligations of section 607.0505 or 617.0503, F.S. Date 06/05/2007		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
	es Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / Sta	ite / Zip
PD Dr. (Rev.) Daniel Ortiz			1600 N. Taylor Ro			ad	Brandon, FL	33510-2536
SD Mrs. Sandra E. Ortiz			2604 Bermuda Lake Dr., Ap			., Apt. 203	Brandon, FL	33510
Mr. Frederick M. Gooden			2604 Bermuda Lake Dr., A			., Apt. 203	Brandon, FL	33510
						06.71	707-010ET-00	**!92.50
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 contained in Chapter 119, F.S. The information indicated on this application is true and accordate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: DANTEL ORFIZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								