PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 JAN -8 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N95000003478

1. Corporation Name

COMPANERISMO NACIONAL DE IGLESIAS BAUTISTAS HIS PANAS, SBC, INC.

Principal Place of Business	Mailing Address
4630 SOUTH FAIRWAY DRIVE PUNTA GORDA FL 33982 US	4630 SOUTH FAIRWAY DRIVE PUNTA GORDA FL 33982 US

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

2. New Principal Office Address, If Applicable		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: 07/24/1995

5. FEI Number: 65-0607345 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CRUZ, ROBERTO	8101 PAMLICO STREET	ORLANDO FL 32817
D	AMALBERT, RAFAEL M	1152 SYLVAN BOND CIR	ORLANDO FL 32822
D	LEON, ANTONIO E	3402 S GOLDENROD ROAD	ORLANDO FL 32822
D	SOTO, ARMANDO A	606 N. DELMONTE CT	KISSIMMEE FL 32758
D	DE PARIS, ANTONIO L	228 SORRENTO CIRCLE	WINTER PARK FL 32792
D	BERMUDEZ, GUSTAVO	527 SOUTHERN CHARM DRIVE	ORLANDO FL 32807

8. Name and Address of Current Registered Agent

DE ARMAS, RAFAEL ESQUIRE
4630 SOUTH FAIRWAY DRIVE
PUNTA GORDA FL 33982

9. Name and Address of New Registered Agent

Name: REINSTATEMENT 1/8/98

Street Address (P.O. Box Numbers Not Acceptable):

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

CR2E040 (8/97)

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: [signature] Date: 1/6/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ Not for profit and no taxes due (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: [signature] 1/6/98 941-637-0874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #