

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003478

1. Corporation Name

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

Principal Place of Business

Mailing Address

1261 S.W. 55 TERR.  
PLANTATION, FL 333171261 S.W. 55 TERR.  
PLANTATION, FL 33317

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 &amp; State

City &amp; 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	4 City / State / Zip
D	HEBERTO J. BECERRA	1261 S.W. 55 TERR.	PLANTATION, FL 33317
D	ROBERTO A. LOPEZ	976 S. VAN NESS AVE.	SAN FRANCISCO, CA 94110
D	PETE NUNEZ	321 GILSON AVE.	DE QUEEN, ARKANSAS 71832
D	ABBY RODRIGUEZ	3316 POPLAR DR. N.W.	LAWRENCEVILLE, GA 30044
D	VICTOR PISCOYA	950 W. 103 RD. PL. F104	NORTHGLENN, CO 80221
D	JULIO FUENTES	18879 N.W. 77 CT.	MIAMI, FL 33015

8. Name and Address of Current Registered Agent

DR. HEBERTO J. BECERRA  
1261 S.W. 55 TERR.  
PLANTATION, FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

0000003180323-2

-03/22/00--01110--021

\*\*\*306 State Zip 05.25

FL

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 REQUIRED

Date 3-10-00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-00