

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -9 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003496**

1. Corporation Name

Iglesia Pentecostal Rios de Agua Viva INC.

W06 - 42312

2. Principal Office Address

7329 SW 9th COURT

Suite, Apt. #, etc.

City & State

Plantation Florida

Zip

33317

Country

Broward USA

3. Mailing Office Address

7329 SW 9th COURT

Suite, Apt. #, etc.

City & State

Plantation Florida

Zip

33317

Country

Broward USA

4. Date Incorporated or Qualified
To Do Business in Florida

Now

5. FEI Number

65-0634400

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alejandro Perdomo

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

7329 SW 9th COURT

Suite, Apt. #, Etc.

City

Plantation,

State

FL

Zip Code

33317

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 **9/18/06**

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
PD	Alejandro Perdomo	7329 SW 9th COURT Plantation, FL 33317	Plantation, FL 33317
D	Maria E. Perdomo	7329 SW 9th COURT Plantation, FL 33317	Plantation, FL 33317
D	Jacqueline Perdomo- Mejia	7329 SW 9th COURT Plantation, FL 33317	Plantation, FL 33317

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 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

Maria Esther Perdomo

(Director)

Date

9/18/06

Daytime Phone #

(954) 537-1597

2c 10/9