

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N95-3842**

1. Corporation Name
Iglesia EL Getsemani INC.

FILED
98 JUL 16 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2575 N.O.Bt
APOPKA FL 32703**

Mailing Address
**P.O. BOX 624
PLYMOUTH FL
32703**

REINSTATEMENT

96-98
158
7/16/98

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		4. Date Incorporated or Qualified To Do Business in Florida N95-3842	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For APPLIED FOR	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
pastor	BERNARDINO MATEOS	3323 HARRY ST APOPKA FL 32712	APOPKA FL 32712
sec	ANTONIO PARRILHA	2575 N.O.Bt	APOPKA FL 32703
trn	GLORIA MATEOS	3323 HARRY ST APOPKA FL 32712	APOPKA FL 32712

700002594117--3
-07/21/98-01070-006
****358.75 ****358.75

8. Name and Address of Current Registered Agent BERNARDINO MATEOS 3323 HARRY ST APOPKA FL 32712		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 **BERNARDINO MATEOS** Date **7/16/98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: **BERNARDINO MATEOS** BERNARDINO MATEOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07/16/98** (407) 491-3461
Daytime Phone #

CR2E040 (1/98)