

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -1 PM 3:26

DOCUMENT # **N95000005349**

1. Corporation Name

300039085033  
07/14/04--01010--004 \*\*297.50

*Iglesia Bautista Internacional de Kissimmee, Inc.*

2. Principal Office Address

3. Mailing Office Address

*1900 Neptune Rd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Kissimmee*

Zip

Country

Zip

Country

*34744*

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*October 29-1995*

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Maria A. Rodriguez*

Street Address, P.O. Box Number, or Mailing Address

*3380 Fern Dr.*

Suite, Apt. #, Etc.

City

*Kissimmee*

State

*FL*

Zip Code

*34748*

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

*Maria A. Rodriguez - Secretary* Date *July 1/04*

REGISTERED AGENT MUST SIGN

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
<i>Treasurer</i>	<i>Edmund Perez</i>	<i>2260 BRONCO DR</i>	<i>St Cloud FL 34771</i>
<i>Pastor</i>	<i>Juan J Binet</i>	<i>303 Blue Bayou Dr.</i>	<i>Kissimmee, FL 34743</i>
<i>Deacon</i>	<i>Manuel Vargas</i>	<i>509 missouri ave</i>	<i>St Cloud FL 34769</i>

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 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: *Juan José Binet - Pastor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/1/04*  
Date

Daytime Phone #

CR2E081 (01/04)

2/2

**IGLESIA BAUTISTA INTERNACIONAL DE KISSIMMEE**

1990 Neptune Rd.  
Kissimmee, FL. 34744

To Whom It May Concern:

The following are the titles of each officer/director as requested.

Juan J. Binet – PASTOR

303 Blue Bayou Drive.

Kissimmee, FL. 34743

Edwin Perez – TREASURER

2260 Bronco Drive.

St. Cloud, FL. 34771

Manuel Vargas - DAECON

509 Missouri Avenue.

St. Cloud, FL. 34769

