

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005398**

1. Corporation Name

IGLESIA BAUTISTA NAZARET, INC.

Principal Place of Business

2920 SOUTHEAST 62ND STREET
OCALA FL 34480

Mailing Address

2920 SOUTHEAST 62ND STREET
OCALA FL 34480



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1995

5. FEI Number

59-3367914

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	LUZURIAGA, WEBSTER	1349 S.E. 18TH PLAZA	OCALA FL
D	RIVERA, GERMAN	2137 S. E. 5TH STREET	OCALA FL 34471
DS	MAYMI, BLANCA H.	11822 S.E. 123RD AVE.	OCCALAWAHA FL
D	Louderes Pozo	7410 S.E. Magnolia Ave.	Ocala Fla.

8. Name and Address of Current Registered Agent

LUZURIAGA, WEBSTER
1349 S.E. 18TH PLACE
OCALA FL 34471

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

CFR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-2-02

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.

GERMAN RIVERA

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-2-002 (352) -620-0401



Iglesia Bautista Nazaret

Wednesday, December 04, 2002

Florida Department of State
Division of Corporations

Sirs.

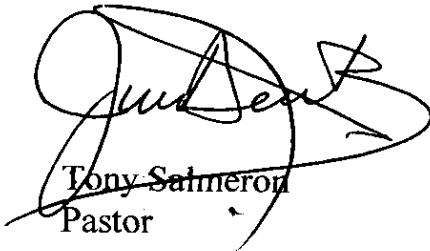
May God Bless You

This letter is to certify our intent to continue being a non-for Profit Corporation, somehow we did not receive the previous documentation, but we are sending this one with the corrections that you asked us to do.

We also want you to waive the late fees because you already deposit the check of the amount of \$61.25

Thank you for your help.

Respectfully yours,



Tony Salmeron
Pastor