

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005711**

1. Corporation Name

IGLESIA PENTECOSTAL SENDERO DE LUZ, INC.

Principal Place of Business

200 W 21 ST
HIALEAH FL 33010
US

Mailing Address

141 NE 209 TERR
NO. MIAMI FL 33179

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

2. New Principal Office Address, If Applicable

152 W 29 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

Zip **33012** Country **DADE**

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1995

5. FEI Number

65-0627627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75-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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FLORES, RIGOBERTO PASTOR	200 W 21 ST	HIALEAH FL
TD	FLORES, YINA	466 NE 210 CIRCLE TERRACE # 101	MIAMI FL 33179
SD	VANEAS, CEEAR (DELETE)	200 W. 21 ST	HIALEAH FL 33010
SD	HAYDA LOPEZ	152 W. 29 ST HIALEAH FL 33012	HIALEAH FL 33012
			100030131241 03/09/04 01067 013 **236.25

8. Name and Address of Current Registered Agent

FLORES, RIGOBERTO PASTOR
(1410 NE 209 TERR)
NO. MIAMI FL 33179

9. Name and Address of New Registered Agent

Name **RIGOBERTO FLORES**
Street Address (P.O. Box Number is Not Acceptable)
141 NE 209 TERR
Suite, Apt. #, Etc.
City **NORTH MIAMI** State **FL** Zip Code **33179**

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

REGISTERED AGENT MUST SIGN

100030131241
05/12/04--01048--001 **61.25
Date **3-3-04**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)651-8331