

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 25 AM 11:04

STATE OF FLORIDA
ALL SPASSEE, FLORIDA

DOCUMENT # N95000005736

1. Corporation Name

MINISTERIO EVANGELISTICO COLUMNAS DE FUEGO, INC

2. Principal Office Address - No P.O. Box #

2052 NW 22 CT

3. Mailing Office Address

300 N.E. 118 TERRACE

Suite, Apt. #, etc.

N2 FLOOR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

US

Zip

33161

Country

US

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03-28-1997

5. FEI Number

650645128

☐ 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
VIAJESERVI USA

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

2905 NW 9 ST

Suite, Apt. #, Etc.

City
MIAMI, FLORIDA

State

FL

Zip Code

33125

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 05-15-07

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
DP	BELTRES, YUNIOR	300 N.E. 118 TERRACE	MIAMI, FLORIDA 33161
D	BELTRES, ANGELA	300 N.E. 118 TERRACE	MIAMI, FLORIDA 33161
VTSD	DURAN, VISENTE	1895 NW 15 STREET	MIAMI, FLORIDA 33125
D	GARCIA, HECTOR	2650 W 52 PLACE	HIALEAH, FLORIDA 33016
			300103310579 05/25/07--01044--003 **183.75

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:

Yunior Beltres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-15-07 305-300-3688

Date

Daytime Phone #