

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 21 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003120

1. Corporation Name

PRIMERA IGLESIA BAUTISTA HISPANA DE PALM COAST

900060898759
10/24/05--01061--022 **70.00

2. Principal Office Address

5500 BELLE TERRE PARKWAY

Suite, Apt. #, etc.

City & State

PALM COAST, FLA 32137

Zip

Country

3. Mailing Office Address

5500 BELLE TERRE PARKWAY

Suite, Apt. #, etc.

City & State

PALM COAST, FLA 32137

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3392425

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCISCO VARGAS

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

14 PINE ASH LN

Suite, Apt. #, Etc.

City

PALM COAST, FL 32164

State
FL

Zip Code
32137

900060898759
11/28/05 01003 007 **166.25

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

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
D	Francisco Vargas	14 Pine Ash Lane	Palm Coast, Fl 32164
TR	Pedro Menendez	13 Bradmore Ln	Palm Coast, Fl 32137
TR/S	Nilda Rosado	13 Patric Dr	Palm Coast, Fla 32164
TT	Abisai Roman	43 Carlson Ln	Palm Coast, Fl 32137

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:

Francisco Vargas FRANCISCO VARGAS 10/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #