

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*** APPLICATION FOR REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **N9600000443**
 1. Corporation Name **IGLESIA DE CRISTO MIEL**
GENESIS SHALOM, DMC

FILED
 98 SEP -6 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3812 N. CIRCLE DR.
HOLLYWOOD HILLS, FLA.
33021, USA. PH: **(954) 894-3288.**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable **SAME AS N° 2**
 3. New Mailing Office Address, If Applicable **SAME AS N° 2.**

4. Date Incorporated or Qualified To Do Business in Florida **Adapt. 9/1996.**
 5. FEI Number **EIN 65-0686278.**
 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 (Do NOT Use Post Office Box Numbers)	4. City & State
D DIRECTOR PRESIDENT.	VICTOR E. LEONI.	3812 N. CIRCLE DR.	HOLLYWOOD HILLS FLA. 33021.
D BKE PRESIDENT.	XIOMARA B. LEONI.	3812 N. Circle Dr.	Hollywood Hills FL. 33021
T TREASURER -	ALVIN PEREZ	3620 SW. 14 ST.	MIAMI -FLA. 33145.

REINSTATEMENT 97-98 **72 9/9**

8. Name and Address of Current Registered Agent
VICTOR E. LEONI
3812 N. CIRCLE DR.
Hollywood Hills
FL. 33021

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City **Hollywood Hills** State **FL** Zip Code **33021**

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.
 Signature of Registered Agent **Victor Leoni** Date **8/5/98.**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. **BEING APPLY FOR.**
 Yes No (See other side for information on intangible tax.)

12. 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: **Victor Leoni** **PASTOR**
DIRECTOR PRESIDENT. Date **8/5/98.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #

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