

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000254

1. Corporation Name

IGLESIA PRINCIPE DE PAZ LA SENDA
ANTIGUA, INC.

2. Principal Office Address

3206 NW 2nd AV.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

US

3. Mailing Office Address

3206 NW 2nd AV

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/16/97

5. FEI Number

65-0804821

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

VEGA, ANTONIA

300005172939--1

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

440 E 23rd STREET

03/27/02-01084-027
****122.50 ****122.50

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code

33013

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

Date

2/26/02

REGISTERED AGENT MUST SIGN

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
P	VEGA, ANTONIA	440 E. 23 rd STREET	HIALEAH, FL 33013
S/T	PEREZ, EULOGIA SANDRA	2375 NW 31 st STREET	MIAMI, FL 33142
D	AROCH, PABLO DE JESUS	10011 NW 26 th AV.	MIAMI, FL 33147
D	AROCH, OLGA LIDIA	10011 NW 26 th AV.	MIAMI, FL 33147
D	CABRERA, OCTAVIO DE JESUS	1842 NW 35 th STREET	MIAMI, FL 33142
D	CABRERA, DORA ALICIA	1842 NW 35 th STREET	MIAMI, FL 33142

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:

Antonio E. Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

Daytime Phone #

AD

CR2E081 (9/01)