

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 15 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000879

1. Corporation Name

IGLESIA HISPANA EL MANA DE CIELO, INC.

Principal Place of Business

Mailing Address

624 E WILLIAMS AVE
CRESTVIEW FL 32539

624 E WILLIAMS AVE
CRESTVIEW FL 32539

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2804 GERONIMO DRIVE

2804 GERONIMO DRIVE

5. FEI Number

Applied For

CRESTVIEW, FLORIDA

CRESTVIEW, FLORIDA

Not Applicable

City & State

City & State

N/A

Zip

Country

Zip

Country

32539

USA

32539

USA

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)

"T"
"T"
"D"

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 / Zip
Secretary	LILIA A. BROWN "T"	2804 GERONIMO DRIVE CRESTVIEW, FL 32539	CRESTVIEW, FL 32539
Treasurer	TANIA FUENTES "T"	154 NUN DRIVE	CRESTVIEW, FL 32539
Director	REYES MEDINA "D"	LOCAL DELIVERY	GREENSBORO, FL 32330

100002716871-4
-12/18/98-0111-006
***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DJESUS, JOSE
624 E WILLIAMS AVE
CRESTVIEW FL 32539

Name
LILIA A. BROWN
Street Address (P.O. Box Number is Not Acceptable)
2804 GERONIMO DRIVE
Suite, Apt. #, Etc.
City
CRESTVIEW
State
FL
Zip Code
32539

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

Lilia A. Brown SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 30-NOV-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: *Lilia A. Brown* SIGNATURE REQUIRED
30-NOV-98 (850) 683-0062
Date Daytime Phone #

CRE20040 (888)