

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 NOV 20 AM 10:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000002322**

1. Corporation Name

**IGLESIA EL PODER DEL EVANGELIO, INC.**

Principal Place of Business

Mailing Address

2407 S.W. 69TH AVENUE  
 MIAMI FL 33155

2407 S.W. 69TH AVENUE  
 MIAMI FL 33155

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

10780 W. Flagler st.

11325 SW 9th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Miami, Florida

City & State  
 Miami, Florida

Zip Country  
 33174

Zip Country  
 33194

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1997

5. FEI Number

650748743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

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 / Zip
PD	GONZALEZ, PEDRO	2407 S.W. 69TH AVE	MIAMI FL 33155
VTD	SILVA, JOSE E	122-09 S.W. 14TH LANE	MIAMI FL 33144
SD	PENA, BARBARA	5721 SW 9TH TERRACE	MIAMI FL 33144

300002699713--7  
 -12/01/98--01089--028  
 \*\*\*245.00 \*\*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, PEDRO  
 2407 S.W. 69TH AVENUE  
 MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11-16-98

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: **JOSE E SILVA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98 305-226-9515  
 Date Daytime Phone #

CR2E040 (6/98)