APPLICATION FOR REINSTATEMENT

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

FILED

99 NOV 15 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004911**

1. Corporation Name

IGLESIA EVANGELICA PENTECOSTAL JEHOVA-NISI, INC

REINSTATEMENT 99

SP

Principal Place of Business	Mailing Address
10740 SOUTHWEST 180 STREET UNIT 6 MIAMI FL 33177	10740 SOUTHWEST 180 STREET UNIT 6 MIAMI FL 33177

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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida — 06/20/1997
City & State	City & State	5. FEI Number — 65-0777393 / Applied For / Not Applicable
Zip / Country	Zip / Country	6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SILVA, RITA A	10740 SE 190 ST, UNIT 6	MIAMI FL 33177
VD	SILVA, FELIX N	10740 SE 190 ST, UNIT 6	MIAMI FL 33177
STD	SANCHEZ, MIGUEL A	10740 SE 190 ST, UNIT 6	MIAMI FL 33177
			600003061036--8 -12/06/99--01014--009 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name *Rita A. Silva* Street Address (P.O. Box Number is Not Acceptable) *11750 S.W. 177 Trk.* Suite, Apt. #, Etc. City *Miami* State FL Zip Code 33177

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 *Rita A. Silva* **REQUIRED** Date 11/10/99

REGISTERED AGENT MUST SIGN

11. 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: ✓ *Rita A. Silva* **REQUIRED** 11/10/99 305-255-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #