

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 16 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 097000006281

1. Corporation Name

IGLESIA - "UN NUEVO COMIENZO"... DE LAS
ASAMBLEA DE DIOS INC.

2. Principal Office Address

1725 S. VOLUNIA AVE.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL.

Zip

32763

Country

VOLUNIA

3. Mailing Office Address

P.O. Box 0396

Suite, Apt. #, etc.

City & State

DELTONA FL.

Zip

32139

Country

VOLUNIA

REINSTATEMENT

OK

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

11/05/1997

5. FEI Number

593485616

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

Rev. Jose A Gonzalez

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

601 ALDER GROVE DR.

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/09/06

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
PDC	GONZALEZ, JOSE A REV.	601 ALDER GROVE DR	DELTONA, FL. 32725
TD	MARISOL FIGUEROA	1125. 17 th ST	ORANGE CITY FL. 32763

500080874005
10/19/06--01041--003 **236.25

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/06

Date

(380) 860-9950

Daytime Phone #