

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *01-2000*
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

00 JAN 26 PM 3:26

Read Instructions on Other Side Before Making Entries

Fee Paid Payable to Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # *N98000000737*

IGLESIA BAPTISTA EL SHADAI, INC.

2. If Address in Block 1 is incorrect in any way, enter the correct address below

TALLAHASSEE, FLORIDA

Address

7 NW 109 PLACE

City and State

Miami FL

Zip Code

33172

3. If Principle Office Address is different from mailing address, enter address below:

Address

REINSTATEMENT *01-2000*

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

2/9/98

5. FEI Number

65-0810857

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

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
P, D	MOISES ROBAINAS	11365 W. FLAGLER ST.	Miami, FL 33174
I, S, D	OSCAR A. MONTCRIFFE JR.	7 NW 109 PL.	Miami, FL 33172
V, D	RAMIRO LOPEZ	13471 NW 8 ST.	Miami, FL 33182

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-02/02/00--01003--015
****297.50 ****297.50

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

OSCAR A. MONTCRIFFE JR.

Street Address (Do NOT Use P.O. Box Number)

13471 NW 8 ST.

Street Address (Do NOT Use P.O. Box Number)

City

Miami

State

FL

Zip

33182

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]

REGISTERED AGENT MUST SIGN

Date

JAN 20, 2000

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

Signature of Officer or Director

[Signature]

Date JAN 20, 2000

Daytime Phone

(305) 223 0436

Typed or printed name of signing officer or director

RAMIRO LOPEZ

CH2141040 (8-97)