PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ISTATEMENT <u>00-04</u> FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS TALLAMOSTE, FL. 32514 P.O. KIOK 6327 N48000080 78 **DOCUMENT #** IGLESIA DE DIOS RESTAURACION, TINC. 04 APR 12 AM 81 00 3. Mailing Office Address 2. Principal Office Address 4 THTERR **450.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number 65-08-28-4 Applied For Not Applicable Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🗹 for a Certificate of Status 7. Name and Address of Current Registered Agent Name į, Suite, Apt. #, Etc. City 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. Date 3-11,-04 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nenprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 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 filling 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 acc urate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: