

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001551

1. Corporation Name

Ministerio Evangelistico Cristo Viene Pronto

800019837438
05/23/03--01029--007 ***481.25

REINSTATEMENT 99-03

2. Principal Office Address

1778 W. Flagler St.
Suite, Apt. #, etc.

3. Mailing Office Address

18700 NW 55 Ave
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

CAROL CITY, FL

Zip

33135

Country

USA

Zip

33055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-17-1998

5. FEI Number

68-0945005

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

HUGO JUAN LUCERO

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

18700 NW 55 Ave

Suite, Apt. #, Etc.

City

CAROL CITY

State

FL

Zip Code

33055

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

4-29-03

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
PRESIDENT	HUGO JUAN LUCERO	18700 NW 55 AVE	CAROL CITY, FL 33055
VICE PRESIDENT	MARCIO TULIO MARTINEZ	5985 NE 4 CT	MIAMI, FL 33137
TREASURER	SERGIO DANIEL ROIZ	649 NE 56 ST	MIAMI, FL 33137

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-03 (305) 623-2611

Daytime Phone #

CR2E031 (10/02)