

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 24 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001564

1. Corporation Name

IGLESIA BAUTISTA MISIONERA DE NORTH LAUDERDALE,
INC.

Principal Place of Business

Mailing Address

6177 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068

6177 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820893

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
TD	GUERRA, VICTOR	5304 NW 66TH AVE	LAUDERHILL FL 33319
TD	LUGO, CARLOS M	2019 CORAL RIDGE DR. 11624 NW 30th street	CORAL SPRINGS FL 33074 33065
TD	PEREZ, LOIS	6010 NW 42ND WAY	COCONUT CREEK FL 33017
D	POLANCO, HUGO M	5619 CORAL LAKE DRIVE	MARGATE FL 33063
D	Roldan, Rose Marie	3276 NW 103 Terr. A-202	Coral Springs FL 33065

8. Name and Address of Current Registered Agent

LUGO, CARLOS M
1624 NW 30TH ST
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

LS

Name

Lugo, Carlos M.

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

11624 NW 30th street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Carlos M. Lugo

REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-01/10/02--01076--004

****236.25 ****236.25

12/14/01 954-975-2902

Date

Daytime Phone #

CR2E040 (8/01)