

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001564

1. Corporation Name

IGLESIA CRISTIANA New Generation Inc.

2. Principal Office Address

6177 Kimberly Blvd.

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip
33068

Country
USA

3. Mailing Office Address

6177 Kimberly Blvd.

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip
33068

Country
USA

REINSTATEMENT

CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 17, 1998

5. FEI Number

650820893

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

MARCOS MOLANO

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

8440 Shadow Court

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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]

Date

11-7-05

REGISTERED AGENT MUST SIGN

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
D	MARCOS MOLANO	8440 Shadow Court	Coral Springs FL 33071
D	CARMEN MARQUEZ	47 Sundial Circle	MARGATE FL 33068
T	CONSUELO DELGADO	10126 Twin Lakes Drive	Coral Springs FL 33071

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-05

Daytime Phone #

954-605-7098