

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99-00 AR

FILED

00 SEP 11 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N98000002044

1. Corporation Name  
IGLESIA PENTECOSTAL JESUS DE NAZARENO, INC.

Principal Place of Business Mailing Address  
4307 SKYLINE BOULEVARD 4307 SKYLINE BOULEVARD  
CAPE CORAL FL 33914 CAPE CORAL FL 33914



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 04/08/1998 5. FEI Number EIN=65-0825315 Applied For Not Applicable 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	TORRES, GERMAN	513 S.W. 28TH STREET	CAPE CORAL FL 33914
VPD	TORRES, MARIA	513 S.W. 28TH STREET	CAPE CORAL FL 33914
SD	RUEDA, GHISLAINE	4018 S.E. 15TH PLACE	CAPE CORAL FL 33914

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\*\*\*\*122.50 \*\*\*\*122.50

8. Name and Address of Current Registered Agent TORRES, GERMAN 4307 SKYLINE BOULEVARD CAPE CORAL FL 33914 9. Name and Address of New Registered Agent Name ELSY NOHEMY BENITEZ Street Address (P.O. Box Number is Not Acceptable) 5410 Bayshore ave. Cape Coral Suite, Apt. #, Etc. City Cape Coral State FL Zip Code 33904

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 REGISTERED AGENT MUST SIGN Date 11-10-99

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: GERMAN TORRES 11-10-99 (941) 772-8974

CR2E040 (8/99)

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