PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
00 AUG 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99.00

DOCUMENT #N98000003306

1. Corporation Name

FILADELFIA MINISTERIO EVANGELICO INTERNATIONAL INC.

Principal Place of Business	Mailing Address
2615 NW 20 St MIAMI, FL 33142	

REINSTATEMENT 99.00

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
2640 NW 21 TERRACE	P.O. BOX 352721
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33142 Country: USA	Zip: 33135 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/9/98

5. FEI Number: 65-0841589 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ODEL COLON BERMUDEZ D	3146 NW 45 ST	MIAMI, FL 33142
Pro-S	HECTOR-OTONIEL-ORTIZ T	2725 SW 55 PL	HIALEAH, FL 33016
SEC	MANUEL MORAN T	4844 NW 4th TERRACE	MIAMI, FL 33126
Pro-T	IVAN MORAN T	3146 NW 35 ST	MIAMI, FL 33142
T	CECILIA DE JESUS CHAVEZ T	840 SW 29th AVE	MIAMI, FL 33135
	BAYARDO J. CORDOVA T	6643 SW 112 Ct.	MIAMI FL 33173

8. Name and Address of Current Registered Agent

CECILIA DE JESUS CHAVEZ
840 SW 29 AVE
MIAMI, FL 33135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

LS
200003304782
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CR2E040 (1/96)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: x _____ 7/18/00 305-978-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #