

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000005495**

1. Corporation Name

IGLESIA PENTECOSTAL FUENTE DE VIDA, C.L.A. INC.

Principal Place of Business

Mailing Address

5840 WASHINGTON ST.
HOLLYWOOD FL 33020

5840 WASHINGTON ST.
HOLLYWOOD FL 33020



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 09/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0662954	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	SOTO, HECTOR L REV	940 N. 66TH AVE.	HOLLYWOOD FL 33024
DT	FLORES, EDWIN	1310 N. 69TH TERR.	HOLLYWOOD FL 33024
DST	RIVERS, SAMUEL D	7231 FAIRWAY BLVD	MIRAMAR FL 33023
DS	GONZALEZ, JANE	8321 RODMAN ST	HOLLYWOOD FL 33025
DSS	DONES, ESTHER	6851 S.W. 27TH ST.	MIRAMAR FL 33023
D	MOLINA, CORINA	5550 WASHINGTON ST.	HOLLYWOOD FL 33023

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOTO, HECTOR L
940 N. 66 AVE.
HOLLYWOOD FL 33024

Name: _____
 Suite, Apt. #, Etc.: _____
 City: _____ State: _____ Zip Code: _____

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: Hector L Soto **SIGNATURE REQUIRED** Date: 10/12/00
 REGISTERED AGENT MUST SIGN

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: Hector L Soto **SIGNATURE REQUIRED** Date: 10/12/00 Daytime Phone #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)