

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005497

1. Corporation Name

IGLESIA PENTECOSTAL GETSEMANI, INC.

Principal Place of Business

1306 MALABAR ROAD SE
PALM BAY FL 32907

Mailing Address

P.O. BOX 100653
PALM BAY FL 32910

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

Suite, Apt. #, etc.

765 S. Apollo Blvd.

Suite, Apt. #, etc.

P.O. BOX 100653

City & State

Melbourne, FL

City & State

Palm Bay, FL

Zip

32901

Country

USA

Zip

32910

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1998

5. FEI Number

59-3544455

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	VIDAL, JENNY	PO BOX 100653	PALM BAY FL 32910
T	MATOS, NELSON Roberto Negron	PO BOX 100653	PALM BAY FL 32910
S	LUGO, MERIBETH	P.O. BOX 100653	PALM BAY FL 32910
P	VIDAL, SAMUEL JR	P.O. BOX 100653	PALM BAY FL 32910
D	RUIZ, AMERICA DANIEL MARTINEZ	P.O. BOX 100653	PALM BAY FL 32910
D	PAGAN, RAUL Haydee Vidal	P.O. BOX 100653	PALM BAY FL 32910

8. Name and Address of Current Registered Agent

HAUCK, TRACY
525 E STRAWBRIDGE AVE, SUITE 5
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

Samuel Vidal

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

146 Rachel Street

Suite, Apt. #, Etc.

2

City

Melbourne

State

FL

Zip Code

32901

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-07-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


11-07-02

Daytime Phone #

321 338 0784

2013

<u>Title(s)</u>	NAME OF OFFICER AND/OR DIRECTORS	STREET ADDRESS OF EACH OFFICER AND/OR Director	CITY/ STATE/ Zip
P	Samuel Vidal JR.	P.O. Box 100653	PALM BAY, FL. 32910
VP	Jenny Vidal	"	"
T	Roberto Negrón	"	"
S	Meribeth Lugo	"	"
<u>P</u>	Daniel Martinez	"	"
<u>D</u>	Haydee Vidal	"	"
<u>D</u>	Ines Agosto *	"	"
<u>D</u>	<u>Ryan Lugo *</u>	"	"
<u>D</u>	<u>Rosendo Flores *</u>	"	"




Iglesia Pentecostal Getsemani, Inc.
765 S. Apollo Blvd.
Melbourne, Fl. 32901
(321) 956-9458
P.O. Box 100653
Palm Bay, Fl. 32910

22el3

To whom it may concern;

Nov. 7, 2002



This letter is a rejection letter requesting the waiver of any penalty charges and / or fees due to the fact that we never received any letter informing us of any changes and / or errors on our annual report.

Due to this matter, we are requesting a waiver on the dissolution or revocation.

Thank you for your time and effort in resolving this matter.

Sincerely,
Iglesia Pentecostal Getsemani, Inc.



Pastor, Rev. Samuel Vidal Jr.
