

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000006303**

1. Corporation Name

MOUNT SINAI PENTECOSTAL CHURCH CORP.

Principal Place of Business

1375 71ST STREET
MIAMI BEACH FL 33141

Mailing Address

PO BOX 415094
MIAMI BEACH FL 33141

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1998

5. FEI Number

65-0877643

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	4 City / State / Zip
D	DOS SANTOS, UBALDO	1375 71ST STREET	MIAMI BEACH FL 33141
D	MARINHO, WESLEY A	2120 NORTHEAST 51ST COURT, #3	FORT LAUDERDALE FL 33308
D	FERREIRA, ARLETE	1375 71ST ST	MIAMI BEACH FL 33141

8. Name and Address of Current Registered Agent

DOS SANTOS, UBALDO
1375 71ST STREET
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Ubaldo Santos **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **10.27.00**

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.

KE

SIGNATURE:

Ubaldo Santos **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.27.00
Date

305.321-4710
Daytime Phone #

FILED
00 NOV -2 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

00

500003478345--1
-11/28/00-01056-017
****236.25 ****236.25

CR2E040 (8/00)