

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV -5 PM 4:00

DOCUMENT # **N99000002780**

1. Corporation Name

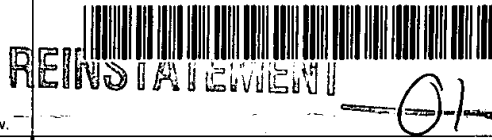
IGLESIA CRISTIANA MONTE SION, INC.

Principal Place of Business

Mailing Address

7400 NW 7 STREET
 SUITE 111
 MIAMI FL 33126

7400 NW 7 STREET
 SUITE 111
 MIAMI FL 33126



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

05/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0923229

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	GUERRERO, LEONARDO	13081 N.W. 11TH TERRACE	MIAMI FL 33182
D	DIAZ, RITA	13081 N.W. 11TH TERRACE	MIAMI FL 33182
D	DIAZ JOSE Guerrero, Dominga	800 DUNAD AVE #18 8200 nw 8st	MIAMI FL 33154 Miami, FL 33126
			200004698832--3 -11/29/01--01070--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Guerrero
GUERRERO, LEONARDO
 13081 N.W. 11TH TERRACE
 MIAMI FL 33182

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 *[Signature]* Date 10-25-01

Signature of Registered Agent

SIGNATURE REQUIRED

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:

[Signature]

10-25-01 (305)269-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR26040 (8/01)