

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

7400 NW 7 STREET
SUITE 111
MIAMI FL 33126

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1999

5. FEI Number

65-0923229

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	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 #10 8200 NW 8th	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

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

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.

RECEIVED NOV 28 2001

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-25-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-01 (305) 269-1195

AD