	PLEASE READ A	ALLINST	RUCTIONS	BEECRE C	OMPLET	ING THIS FOR	
FOR PENSTATEMENT			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS		APPROVED AND FILED		
DOCUMENT # P9700036952					98 DEC 21 AMII: 31		
Corporation Name					SECRETARY OF STATE FALLAHASSEE, FLORIDA		
INTERAMERICAN CHRISTIAN CENTER INC.						الماسية	, reukiu <u>a</u>
Principal Place of Business Mailing			ess		 		
1501 NORTH MIAMI FL 33	rwest 28th Street 1142	1501 NORTHY MIAMI FL 331	vest 20th Street 42				
If above addresses are incorrect in any way, line through incorrect New Principal Office Address, if Applicable 3. New Ma			ling Office Address, if Applicable 4. Da		Date Incorp To Do Busir	orated or Qualified	04/04/4007
Suite, Apt.	#, etc	Seite, Apt. #, etc. 4/2(1482	48.2 5, FEI Number		04/24/1997 Applied For
City & State		City & State			65-0757367 Not Applicab		Not Applicable
Zip	Country	332	4.2 Country	,	6. CERTIFICATE	E 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 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
D	EDEN, ELISABETH	13365 S.W. 42ND TERR			MIAMI FL 33175		
D	GARCIA-CORNER, NANCY	2840 NW 22ND CT			MIAMI FL 33142		
D	RAMOS, JONATHAN	5421 NW 179TH TERRACE			MIAMI FL 33314		
D •	PIERRE, LIDIA	600 N.W. SO. RIVER DR APT 605			MIAMI FL 33136		
					2000027222825		
ı				40	1212	→ ****150.	00 ****150.00
8. Name and Address of Current Registered Agent				Name	9. Name and A	Address of New Registe	
EDEN, ELISABETH 1501 NORTHWEST 28TH STREET				Street Address (P.O. Box Number is Not Acceptable)			
	FL 33142	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 REGISTERED AGENT MUST SIGN Date /// DO - 9/							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)							
12. 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 filling 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: SIGNATURE: 11-20-98 305-62							305-633-1000
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

INTERAMERICAN CHRISTIAN CENTER

1521 N.W. 28 Street . Miami, Florida 33143 . (305) 633-1000

December 11, 1998

Florida Department of State Division of Corporations 1940 N. Monroe Street, Suite 60 Tallahassee, FL 32399-0750

To Whom It May Concern:

Per our telephone conversation, we confirm that we never received the application for reinstatement from your department in January or thereafter and, therefore, did not return it to you by the May deadline as required.

It has now been taken care of and we would appreciate your consideration in accepting our regular fee, rather than the penalty fee, due to this occurrence.

Sincerely,

Elizabeth Eden