

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F 2

CORPORATION
FLORIDA DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 20 AM 11:39

DOCUMENT # **P98000015063**

1. Corporation Name (Gross ref.) **New Jerusalem Christian Home Inc.**
Nueva Jerusalem Inc.

200003783952--7
-02/27/01--01144--010
****308.75 ****308.75

2. Principal Office Address

13108 S.W. 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

2750 W. 68th Street

Suite, Apt. #, etc.

224

City & State

Miami, Florida

City & State

Hialeah, Florida

Zip

33184

Country

US

Zip

33016

Country

US

04-22-99 90221 OUB \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1998

5. FEI Number

65-0812597

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Suzette Zamora

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

13108 S.W. 3rd Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Suzette Zamora

REGISTERED AGENT MUST SIGN

Date

02/01/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD BP	Abel Zamora	13108 S.W. 3rd St	Miami, FL 33184
VD	Suzette Zamora	13108 S.W. 3rd St.	MIAMI, FL 33184

10. 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: **X Suzette Zamora**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/01/01 (305) 480-0337

Daytime Phone #

CR2E081 (9/99)

2012

February 2, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

RE: Nueva Jerusalem, Inc.-(P98000015063)
13108 S.W. 3rd Street
Miami, FL. 33184

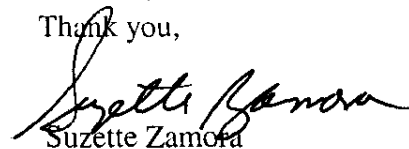
Per our conversation I am requesting that you waive the penalty fees to reinstate this corporation as per our phone conversation. I never received the UBR Uniform Report for the reinstatement. I was having problems with my mail not being delivered to my business address.

Please understand my situation and waive the fees. I am enclosing \$308.75 per your request to be able to bring this corporation to an active status for the year 2001. This is my first request to waive any late penalty fees. Please mail any correspondence regarding this matter to my following mailing address to assure delivery: **2750 West 68th Street, Suite 224, Hialeah, Florida 33016.**

Your help will be greatly appreciated!

P.S. The additional \$8.75 is for the certificate of status.

Thank you,



Suzette Zamora
Vice-President

SZ;bms