

DEC. 11, 2002 5:40PM MARIO GARCIA P.A.

NO.680 P.2/4


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 12 PM 12:08  
H02000236695 1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** NO1000003795

1. Corporation Name  
Iglesia Evangelica El Tabor de Intercession City, Inc.

2. Principal Office Address <u>5621 Orange Avenue</u>		3. Mailing Office Address <u>PO Box 502</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Interseccion City</u>		City & State <u>Interseccion City</u>	
Zip <u>33848</u>	Country <u>USA</u>	Zip <u>33848</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 6/01/01

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Juan Torres

Street Address (P.O. Box Number is Not Acceptable) 2203 Gatwich Ct.

Suite, Apt. #, etc.

City Kissimmee State FL Zip Code 34743

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 [Signature] Date 12/01/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Sara Rivera	Po Box 502,	Interseccion City, FL
SD	Saul Guadalupe	PO Box 502	Interseccion City, FL
TD	Juan Torres	PO Box 502	Interseccion City, FL

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)(f), 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: Sara Rivera Date 12/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY/SAL  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

**CORPORATION REINSTATEMENT**

**IGLESIA EVANGELICA EL TABOR DE INTERCESSION CITY, IN**

Certificate of Status	0
Certified Copy	0
Page Count	BF 2
Estimated Charge	\$236.25