PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/02

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 AM 8:00

REINSTATEMENT 03

DOCUMENT # **N01000000831**

1. Corporation Name

HOLY PEOPLE/PUEBLO SANTO/BOMBILLOS DE CRISTO, IN C.

Principal Place of Business	Mailing Address
1106 11TH WAY W PALM BCH FL 33407	~~1106 11TH WAY~~ ~~W PALM BCH FL 33407~~

800024739348
11/17/03--01015--013 **61.25 MRD

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
Suite, Apt. #, etc.	P.O. BOX 17387 Suite, Apt. #, etc.
City & State	City & State WEST PALM BEACH, FL
Zip / Country	Zip 33416 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/2001

5. FEI Number: 65-1049453 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CANO, PETER G	1106 11TH WAY	W PALM BCH FL 33407
VD	SOSA, JUAN C	7773 NEMEC DR S	ROYAL PALM BCH FL 33406
DST	OZORIA, DANIEL J	1106 11TH WAY	W PALM BCH FL 33407

8. Name and Address of Current Registered Agent

CANO, PETER G
1106 11TH WAY
W PALM BCH FL 33407

9. Name and Address of New Registered Agent

Name: JUAN C. SOSA
Street Address (P.O. Box Number is Not Acceptable): 1106 11TH WAY
Suite, Apt. #, Etc.:
City: West Palm Beach | State: FL | Zip Code: 33407

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Juan C. S — Date: 11/04/03
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: Juan C. S / JUAN C. SOSA — 11/04/03 — (561)4715717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PUEBLO SANTO

P.O. Box 17387 West Palm Beach, FL 33416-7387 ☎ (561) 712-1777 / Fax: (561) 471-1702

"Shining the LOVE of JESUS, Sharing the LOVE of CHRIST"

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November 7, 2003

TO: FLORIDA DEPARTMENT OF STATE
Division of Corporations

Re: Waiver of Late Fee due to failure of receiving the UBR / Uniform Business Report Form because of wrong mailing address.

Please be advised that our mailing address in your records is incorrect.

The correct mailing address is:

FEI # 65-1049453

PUEBLO SANTO
P. O. Box 17387
West Palm Beach, FL 33416-7387

In accordance with our phone call to us on November 5th, please accept this request to have the late "reinstatement" fee waived. Enclosed is a check for $61.25 for the Annual Report Fee of our non-profit corporation. Thank You!!

Sincerely,

Juan C. Sosa
(Vice President (VD))