

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**Oct 04, 2006 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N0100001543

1. Corporation Name  
DIVINE ENCOUNTER MINISTRIES, INC

**REINSTATEMENT** 04-06

2. Principal Office Address  
8 ABBEY COURT  
 Suite, Apt. #, etc.

3. Mailing Office Address  
8 ABBEY COURT  
 Suite, Apt. #, etc.

CR2E081 (12/05)

City & State  
HAINES CITY, FL  
 Zip 33844 Country USA  
 Polk

City & State  
HAINES CITY FL  
 Zip 33844 Country USA

4. Date Incorporated or Qualified To Do Business in Florida  
MARCH 2, 2001

5. FEI Number  
74-3025934

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
REV. AMANDA CASARES

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

Suite, Apt. #, Etc.

City  
HAINES CITY

State  
FL

Zip Code  
33844

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 Rev. Amanda Casares Date 10/02/06

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	REV. ARTHUR CASARES	8 ABBEY COURT	HAINES CITY, FL 33844
D	REV. CLAUDIO HERNANDEZ	1620 COLUMBIA ARMS CIRCLE, #161	KISSIMMEE, FL 34741
D	REV. EVELYN HERNANDEZ	1620 COLUMBIA ARMS CIRCHE #161	KISSIMMEE, FL 34741
S/T	REV. AMANDA CASARES	8 ABBEY COURT	HAINES CITY, FL 33844

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 10/04/06--01006--003 \*\*358.75

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 contained in Chapter 119, 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: Rev. Amanda Casares 10/02/06 863-419-9264  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #