

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000007604

1. Corporation Name

CENTRO BIBLICO PUERTAS DE SION INC.

REINSTATEMENT 0305

2. Principal Office Address

4450 NW 135 ST.

3. Mailing Office Address

P.O. BOX 5433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

HIALEAH FL

Zip

33054

Country

Zip

33014

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/19/2001

5. FEI Number

030450613

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
Andres Martinez

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

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33054

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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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/16/05

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
P	Andres Martinez	4450 NW 135 ST.	Miami FL 33054
VD	Betsaida Martinez	4450 NW 135 ST.	Miami FL 33054
STD	Maura Corujo	4450 NW 135 ST.	Miami FL 33054
D	Ruth Martinez	4450 NW 135 ST.	Miami FL 33054
D	Ada Ramirez	4450 NW 135 ST.	Miami FL 33054

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:

[Handwritten Signature] Andres MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/05

Date

305-953-8448

Daytime Phone #