PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 26 AM 8:53

DOCUMENT # N02000005753

1. Corporation Name
MINISTERIO INTERNACIONAL JESUCRISTO REY DE REYES APOC - 19.16, INC.

REINSTATEMENT

FEI/TIN 52-2378962 03-05

2. Principal Office Address	3. Mailing Office Address
8000 NW 37 AVE BAY #5	8000 NW 37 AVE BAY #5
Suite, Apt. #, etc. BAY #5	Suite, Apt. #, etc. BAY #5
City & State MIAMI FL	City & State MIAMI FL
Zip / Country	Zip 33 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 7-29-2002

5. FEI Number: ~~FEI~~ TIN 522378962 ☐ 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: SEGURA, MIGUEL

Street Address (P.O. Box Number is Not Acceptable): 2329 NW 30 st.

Suite, Apt. #, Etc.: — HOUSE —

City: MIAMI | State: FL | Zip Code: 33142

300058018213
07/28/05 01058 002 #358.75

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 _____ REGISTERED AGENT MUST SIGN Date 06/30/05

CR2E091 (01/05)

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
PD	SEGURA, MIGUEL	2329 NW 30 St	MIAMI FL 33142
VD	HERNANDEZ, HERNAN	1018 NW 110 St	Miami FL 33168
TD	DILCIA ZELAYA	1451 NE 155 terrAS	North Miami Beach FL 33162
SD	VICTOR M. FIALLOS	160 NW 122 St Miami FL 33168	MIAMI, FL 33168

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell AUG 04 2005