


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003954 1. Entity Name IGLESIA CRISTIANA RESTAURACION Y VIDA, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PH 4:13

REINSTATEMENT 05

Principal Place of Business 8919 TAFT STREET PEMBROKE PINES, FL 33024 US	Mailing Address 8919 TAFT STREET PEMBROKE PINES, FL 33024 US
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2. Principal Place of Business 3301 NW 72ND AVE	3. Mailing Address 9800 W. HEATHER LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11052005 REIN-NP CR2E099 (6/04)

City & State HOLLYWOOD, FL	City & State MIRAMAR, FL
Zip 33024-2408	Zip 33025-2384
Country BROWARD	Country BROWARD

4. FEI Number 38-3681177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, LUIS A 7710 NW 5 STREET PEMBROKE PINES, FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CRUZ, LUIS A	<input type="checkbox"/> Delete	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7710 NW 5 STREET		JUSTINIANO, VICTORIA
STREET ADDRESS	PEMBROKE PINES, FL 33024		9800 W. HEATHER LN
CITY - ST - ZIP			MIRAMAR, FL 33025
TITLE	TREA	<input type="checkbox"/> Delete	VICE, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, WILLIAM		JUSTINIANO, RUBEN
STREET ADDRESS	2200 ACAPULCO DRIVE		9800 W. HEATHER LN
CITY - ST - ZIP	MIRAMAR, FL 33023		MIRAMAR, FL 33025
TITLE	SECR	<input type="checkbox"/> Delete	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARCAMO, LUCY		MATOS, LUIS
STREET ADDRESS	9451 NW 15 ST		6716 NW 60 TH CT.
CITY - ST - ZIP	PEMBROKE PINES, FL 33024		TAMARAC, FL 33321
TITLE	T	<input type="checkbox"/> Delete	SECRETARY / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUILES, ELVIS		MEDINA, OLGA
STREET ADDRESS	920 SW 86THAVE		9800 W HEATHER LN
CITY - ST - ZIP	PEMBROKE PINES, FL 33025		MIRAMAR, FL 33025
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			800061342928
STREET ADDRESS			11/10/05--01037--008 **131.25
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis A Cruz* Date: Nov 7, 2005 Daytime Phone #: 954-431-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR