


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 JUL 27 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03000005160 1. Corporation Name IGLESIA DE DIOS TORRE FUERTE IN DOVER, INC.			
2. Principal Office Address 3722 Pettie rd. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 250 Suite, Apt. #, etc.	
City & State DOVER, FL		City & State DOVER, FL	
Zip 33527	Country HILLSBOROUGH	Zip 33527	Country HILLSBOROUGH

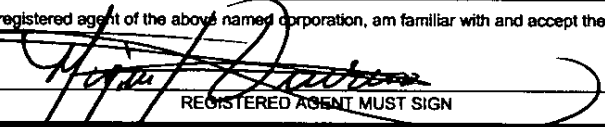
REINSTATEMENT

04-86

4. Date Incorporated or Qualified To Do Business in Florida JUNE 13, 2003		
5. FEI Number 59-3321076	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name MIGUEL QUIRINO		
Street Address (P.O. Box Number is Not Acceptable) 3706 MOORES LAKE RD,		
Suite, Apt. #, Etc.		
City DOVER	State FL	Zip Code 33527

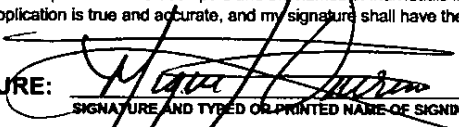
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: 7/22/06

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	MIGUEL QUIRINO	3706 MOORES LAKE RD.	DOVER, FL. 33527
S	DORA SANCHEZ	2001 SPOONER, DR	PLANT CITY, FL. 33563
"T"	ARTURO GUEVARA	2210 W TRAPNELL	PLANT CITY, FL. 33567
"T"	VICTOR RODRIGUEZ	4015 SHADY VIEW DR,	MULBERRY, FL. 33860
			300078378732 08/04/06--01040--019 **183.75

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:  MIGUEL QUIRINO

Signature and Typed or Printed Name of Signing Officer or Director

Date: 7/22/06 Daytime Phone #: 813-752-4624