


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000010224

1. Corporation Name
IGLESIA RIOS DE AGUA VIVA INC.

2. Principal Office Address 880 San Remon Ave.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples,		City & State	
Zip 34104	Country USA	Zip	Country

03/02/05 90230 001 (0/100)
03/02/05 90230 002 5.00
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-1822249 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
Edilberto Sueyero

Street Address (P.O. Box Number is Not Acceptable)
880 San Remon Ave.


Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34104

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  Date 10-16-06

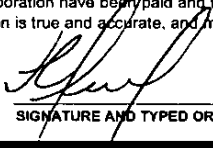
REGISTERED AGENT MUST SIGN

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/P	Sueyero, Edilberto	880 San Remon Ave.	Naples, Fl. 34104
D/ V	Rodriguez, Maria del Carmen	Lauren Ridge St.	Naples, Fl. 34116
D/T	Quinones, Jose M.	Lauren Ridge St.	Naples, Fl. 34116

15, 10/31/06
REINSTATED 10-06
700081075037
10/20/05--01057--013 **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:  10-16-06 305-887-4185

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