DI EXSE DEAD ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

		PLEASE READ	ALL INST	RUCII	UNO	BEFORE		ING THIS FORM.
	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATEMENT OF STATEMENT Secretary of State DIVISION OF CORPORATIONS							1 1 L L J 2008 OCT 16 AM 10: 34
DOCUMENT # N0600004127 1. Corporation Name							TALL MASSEE, FLORIDA	
Iglesia Cristiana Carismatica Manantial De Vida,เดะ							10/16	00136979991 /0801032010 **245.00 너 있
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							1 10.0	- 10
•	17 St. S		1 -	5 17 St. SW			DE	TRICKER HOUSE
Suite, Apt. #			Suite, Apt. #, etc.			REINSTATEMENT		
					4. Date Incom	porated or Qualified		
City & State						ness in Florida April 13, 2006		
Lehigh	n Acres,	Lehigh A	Lehigh Acres, Fl			5. FEI Number Applied For Not Applicable		
Zip	Country		Zip		Count	•	6.	E OF STATUS DESIRED S8.75 Additional Fee required
3397 £	>	USA	33976		USA	\	CERTIFICATE	for a Certificate of Status
	 	7. Name and Address	of Current Regis	tered Agen	nt	,	4	
Name María M. López							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable)								
1018 Manikin Ave. S Suite, Apt. #, Etc.								
Suite, Apt. #, Etc.								
city Lehigh Acres					State FL	Zip Code 33974	1	
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.								
								l l
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date 9/29/2008	
9. Names and Street Addresses of Each Office and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each City State 17th								
Titles		Officer and/or Director				City / State / Zip		
Р	Edmanuel De Jesús López			2905 17 St. SW				Lehigh Acres, FL 33971
VP	Elliot López			1018 Manikin Ave. S				Lehigh Acres, FL 33974
S	Yesenia López			2905 17 St. SW				Lehigh Acres, FL 33971
T	María	1018 Manikin Ave. S				Lehigh Acres, FL 33974		
10. I certif	fy that I am at	officer or director or the re	ceiver or trustee e	mpowered t	to execut	te this application as	provided for in ch	apter 607 or 617, F.S. I further certify that when filing s 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmanuel De Jesús López

9/29/2008 Date

239-292-3048

Daytime Phone #