

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 11 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Am 01-02

DOCUMENT # *N 41648*

1. Corporation Name *Segunda Iglesia El Calvario Inc.
Second Calvary Church Inc.
100 Ponce De Leon St.
Royal Palm Beach Fl. 33411*

2. Principal Office Address
*100 PONCE DE LEON ST.
Suite, Apt. #, etc.*

3. Mailing Office Address
*same
Suite, Apt. #, etc.*

City & State
*Royal Palm Beach Fla
Zip 33411 Country U.S.A*

City & State
*same
Zip Country*

4. Date Incorporated or Qualified To Do Business in Florida *01-11-91*

5. FEI Number *65-0342661* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Rev. Magdalena Ruben Torres*
Street Address (P.O. Box Number is Not Acceptable)
100 Ponce De Leon St #2
Suite, Apt. #, Etc.

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****250.00 ****250.00

City *Royal Palm Beach* State **FL** Zip Code *33411*

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 *Rev. Magdalena Ruben Torres*
REGISTERED AGENT MUST SIGN

Date *01-15-02*

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	<i>Torres Magdalena R.</i>	<i>100 Ponce De Leon St. #2</i>	<i>Royal Palm B. FL. 33411</i>
D	<i>Elza Perez</i>	<i>100 Ponce De Leon St #3</i>	<i>Royal Palm B. FL. 33411</i>
TD	<i>Julio Munoz</i>	<i>1597 Quail Lake Dr.</i>	<i>West Palm B FL. 33409</i>
SD	<i>Leticia Munoz</i>	<i>1597 Quail Lake Dr.</i>	<i>West Palm B FL. 33409</i>

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: *Rev. Magdalena Ruben Torres* *Rev. Magdalena Ruben Torres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *01-15-02* Daytime Phone # *561-790-7768*

CR2E081 (9/00)