PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 19 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002503

1. Corporation Name
FAMILIAS PARA JESUCRISTO A.G.

200188973222
117197U--01032--003 **210.00
11/01/10 01036 012 35.00
REINSTATEMENT 10
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
199 ARORA BLVD	P.O. BOX 2837
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK FL	City & State: ORANGE PARK
Zip: 32073-3210 Country: CLAY	Zip: 32067 Country: CLAY

4. Date Incorporated or Qualified To Do Business in Florida: MAY 26, 1995

5. FEI Number: 593169809 ☐ 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: PD William SANCHEZ

Street Address (P.O. Box Number is Not Acceptable): 8059 MAETAVISH WAY W.

Suite, Apt. #, Etc:

City: JACKSONVILLE State: FL Zip Code: 32244

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. William Sanchez Date: 11-18-10
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
V	Angel ROSA	194 Dover Bluff Dr.	Orange Park 32073
STD	Lesliam Rodriguez	2285 Marsh Hawk Ln. APT. 12-303	Orange Park 32003
PD	William Sanchez	8059 Maetavesh Way W	Jacksonville, FL 32244
	$ 11/19		

10. E-mail Address: bill sanchez56@yahoo.com
(To be used for future annual report notification)

11. 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. I further certify, 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. William Sanchez 11-18-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #