

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 AM 9:25

DOCUMENT # N95000003218

1. Corporation Name

MINISTERIO ESPERANZA DE VIDA, INC

Principal Place of Business

Mailing Address

7008 FOREST CITY RD
 ORLANDO FL 32810
 US

P.O. BOX 607683
 ORLANDO FL 32860-7683



If the addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Old Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/30/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3325691	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GONZALEZ, MARITZA	6792 BRITTANY CHASE CT	ORLANDO FL
V	GONZALEZ, JOSE L	6792 BRITTANY CHASE CT	ORLANDO FL
S	MORENO, ELIZABETH	710 HOLBROOK CIR	LAKE MARY FL 32746
T	IRIZARRY, DELIC B	7723 LADY FRANCES WAY	ORLANDO FL 32807
T	MORENO, HECTOR A	710 HOLBROOK CIR	LAKE MARY FL 32746
T	FIGUEROA, MARIBET	9348 SAUSOLETO DR	ORLANDO FL 32825

8. Name and Address of Current Registered Agent

GONZALEZ, JOSE L
 6792 BRITTANY CHASE CT
 ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name Jose L. Gonzalez
 Street Address (P.O. Box Number is Not Acceptable) 6792 Brittany Chase Ct.
 Suite, Apt. #, Etc.
 City Orlando State FL Zip Code 32810

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 10/22/99
 REGISTERED AGENT MUST SIGN

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 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: [Signature] Date 10/22/99 Daytime Phone # (407) 292-2117
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)

Iglesia Ministerio Esperanza de Vida, Inc.
VIH/SIDA

October 22, 1999

Florida Department of State
Katherine Harris
Secretary of State
P.O. Box 6327
Tallahassee, Fl 32314

Dear Ms. Harris:

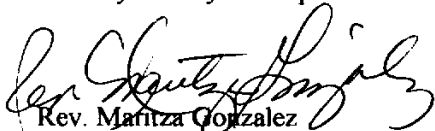
May God Bless You. I received my Annual Report on April, I believe. Since February I been very sick. I had a heart problem on February, on March I was hospitalized again with gallbladder problems for 8 days. After all this hospitalization I ended very sick on September 8, with a cancer diagnosis. I went into surgery on that day and they removed a Tumor from my left abdomen wall. I been recovering from this surgery since that.

Please excuse me for this situation of revocation. My secretary left her position for that February days. It is like everything at the same time. I had not be able to drive or do nothing. Please take consideration of all this. All my medical records are at the Florida Hospital East and South.

This is the first time that this happen since our corporation was establish.

If you need to contact me please do not hesitate to call me at (407) 292-2117.

Thank you for your help.


Rev. Maritza Gonzalez
Executive Director

*Please send me the papers for directives change.
Secretary is new.
Name: Arleen Santos.*