

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 07, 2009  
Secretary of State**

DOCUMENT# N95000003218

Entity Name: MINISTERIO ESPERANZA DE VIDA, INC

**Current Principal Place of Business:**

2431 ALOMA AVENUE  
SUITE 258  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

10860 DERRINGER DR  
ORLANDO, FL 328297220 US

**Current Mailing Address:**

2431 ALOMA AVENUE  
SUITE 258  
WINTER PARK, FL 32792

**New Mailing Address:**

10860 DERRINGER DR  
ORLANDO, FL 328297220 US

FEI Number: 59-3325691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GONZALEZ, JOSE L  
10860 DERRINGER DRIVE  
ORLANDO, FL 32829 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE L GONZALEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GONZALEZ, MARITZA PASTORA  
Address: 10860 DERRINGER DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: CO C ( ) Delete  
Name: GARCON, JEAN  
Address: 1814 WEST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32804

Title: S ( ) Delete  
Name: CRUZ, MELODY MRS  
Address: 152 MONARCH CIRCLE APT 5  
City-St-Zip: FERN PARK, FL 32730

Title: T ( ) Delete  
Name: LOPEZ, MARICELYS TREASUR  
Address: 5945 LEE VISTA BOULEVARD APT 106  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA GONZALEZ

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date