

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

'03 JUN -9 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003218

1. Corporation Name
MINISTERIO ESPERANZA DE VIDA, INC.

Handwritten mark

300020688123
06/09/03--01085--005 **300.00

2. Principal Office Address
7008 Forest City Rd.
Orlando, FL 32810
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 607683
Orlando, FL 32860-7683
Suite, Apt. #, etc.

REINSTATEMENT 02-03

City & State

City & State

4. Date Incorporated or Qualified To Do Business in Florida
June 1995

5. FEI Number
59-3325691
Applied For
Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MILDRED WRIGHT
Street Address (P.O. Box Number is Not Acceptable)
12729 WOODBURY GLEN DRIVE
Suite, Apt. #, Etc.
City
ORLANDO

State Zip Code
FL 32828

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 *Mildred R. Wright*
REGISTERED AGENT MUST SIGN

Date 2/18/2003

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
D	MARITZA GONZALEZ	6792 BRITTANY CHASE CT.	ORLANDO, FL 32810
V	LUZ REYES	1979 BRANCHWATER TRAIL	ORLANDO, FL 32825
S	MILDRED WRIGHT	12729 WOODBURY GLEN DR.	ORLANDO, FL 32828
T	ARIEL SALGADO	5590 CENTURY 21 BLVD. APT. 125	ORLANDO, FL 32807
T	TANYA CEPERO	400 CENTRAL FLORIDA BL	ORLANDO, FL 32816
T	ARLEEN V. SANTOS	687 CARIBOU COURT	APOPKA, FL 32703

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: *Maritza Gonzalez*
SIGNATURE AND ZIP CODE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARITZA GONZALEZ

(407) 293-5937
Date Daytime Phone #

CR2E081 (10/02)