

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **196000002819**
1. Corporation Name **Ministerio Camino de Vida Inc.**
(Life Way Ministry Inc.)

99 APR 26 AM 9:59
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1431 SW 22 AVE #8 **SAME**
Miami, FL. 33145

W9905008894

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

2. New Principal Office Address, if Applicable Suite, Apt. #, etc City & State Zip	N/A N/A N/A	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc City & State Zip	N/A N/A N/A
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4. Date Incorporated or Qualified To Do Business in Florida	May, 20, 1996
5. FEI Number	65-0715359
6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Pastor Noe Barahona	1431 SW 22 Ave #8 Miami, FL.	33145
T	Esther L Barahona	1431 SW 22 Ave #8	Miami, FL 33145
T	Jose Luis Jimenez	1235 NW 4 ST #4	Miami, FL 33125

REINSTATEMENT 97-99

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-04/30/99-01138-007
*****358.75 ***358.75**

8. Name and Address of Current Registered Agent
NOE BARAHONA
1431 SW 22 AVE #8
Miami, FL. 33145

9. Name and Address of New Registered Agent
Name **same**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State **FL** Zip Code

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 *Noe Barahona* **REGISTERED AGENT MUST SIGN** Date **April, 8, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax)

12. 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: *Noe Barahona* **April, 8, 1999 (305) 857-0929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E081 (12-98)