PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 18 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 95000003700

1. Corporation Name
Iglesia Cristo Omnipotente A6 Corp.

Principal Place of Business
~~2310 W. 74 St. #202 Hialeah FL 33016~~

Mailing Address
17433 SW 19 St. Miramar FL 33029

600002886736--8
-05/26/99--01030--001
****297.50 ****297.50
DO NOT WRITE IN THIS SPACE

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. Same
City & State
Zip | Country

3. New Mailing Address, If Applicable
Same
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/3/95

5. FEI Number: 65-0602498 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D/P	Rivero Jorge	17433 SW. 19 St.	Miramar FL 33029
D/?	Cora Hector	3147 NE. 171 ter.	N. Miami Beach FL. 33162
D/?	Rivero Edith	17433 SW. 19 St	Miramar FL 33029

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Jorge Rivero
Street Address (P.O. Box Number is Not Acceptable): 17433 SW. 19 St
Suite, Apt. #, Etc.
City: Miramar | State: FL | Zip Code: 33029

10. Having been appointed the registered agent of the above named corporation, I am familiar with and accept the duties of Section 607.0505, F.S.
Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 4/30/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied herein does not qualify for such exemption. I further certify that I am an officer or director of the reinvestor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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., and that all fees owed by the corporation have been paid. 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] 4/30/99 954433709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone