PS 142

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 17 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730796

1. Corporation Name
LIRIO DE LOS VALLES, INC.

2. Principal Office Address		**3.** Mailing Office Address	
4080 NW 165TH STREET		P.O. BOX 171838	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OPA-LOCKA, FL		HIALEAH, FL	
Zip	Country	Zip	Country
33054	USA	33017	USA

REINSTATEMENT 01-04
3/27/03 010610001 183.75

4. Date Incorporated or Qualified To Do Business in Florida 09/26/1974

5. FEI Number 65-0072173 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANA TRUJILLO

Street Address (P.O. Box Number is Not Acceptable)
4080 NW 165TH STREET

200038163352
06/22/04--01053--005 **61.25

Suite, Apt. #, Etc.

City	State	Zip Code
OPA-LOCKA	FL	33054

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 _____ Date 03/24/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	RODRIGUEZ, MARTHA	19840 NW 43RD COURT	MIAMI, FL 33055
S	TRUILLO, ANA	4310 NW 185TH STREET	CAROL CITY, FL 33055
T	TRUILLO, ELIZABETH	17513 NW 61ST COURT	MIAMI, FL 33015
D	DUVAL, HARVIE	1680 NE 131ST STREET	N MIAMI, FL 33181

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: _____ 03/24/2004 305-625-2912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Concilio de Iglesias Cristianas Damasco, Inc.

Iglesia Lirio de los Valles, Inc.

(Lilly of the Valleys, Inc.)

4080 NW 165th Street, Opa Locka, FL 33054

Cantares 2:1

Rev. Martha Rodriguez
Pastora

Attn: Florida Department of State
Date: Wednesday, March 24, 2004

To Whom It May Concern:

Please be advised that after our discussions with the reinstatement department, we were informed that due to the fact that we (Lirio de Los Valles, Inc.) never received the annual reports for 2001, 2002 and 2003. We requested that the instatement fee be waved and forwarded a check for $ 183.75 on March 20th 2003.

The check was retained and the reinstatement form was returned to us due to the fact that a signature was left off. We returned the signed form but have not received notification from the Department of State.

We are re-sending the reinstatement form with the Payment for $ 61.25 for the 2004 period.

If there are any questions please feel free to contact us at the above number.

Sincerely,

Martha Rodriguez

Tel. (305) 620-9677