PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 DEC 28 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738799

1. Corporation Name

MOVIMIENTO FAMILIAR CRISTIANO INC.

Principal Place of Business	Mailing Address
490 E 8TH STREET HIALEAH FL 33010 US	780 N.W. LE JEUNE RD. SUITE 427 MIAMI FL 33126

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/02/1977

5. FEI Number: 59-1756543 ☐ 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)

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
PD	ARLES CARBALLO	780 NW LE JEUNE ROAD	MIAMI FL 33126
SD	FELIX D. CRUZ	780 NW LE JEUNE ROAD	MIAMI FL 33126
TD	JOSE L. RIERA	780 NW LE JEUNE ROAD	MIAMI FL 33126
VD	FELIX NUNEZ DE LA PENA	780 NE LE JEUNE ROAD	MIAMI FL 33126

100002725331--8
-12/29/98--01030--006
****183.75 ****183.75
100002725331--8
-12/29/98--01030--007
*****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CRUZ, ALEJANDRINA G. 780 N W LE JEUNE RD SUITE 427 MIAMI FL 33126	Name: ALEJANDRINA G. CRUZ, ESQ. Street Address (P.O. Box Number is Not Acceptable): 780 NW LE JEUNE RD. Suite, Apt. #, Etc.: SUITE 427 City: MIAMI, State: FL Zip Code: 33126

CR2E040 (9/98)

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: [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12-23-98

11. This corporation owes or has paid 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: [signature] FELIX D. CRUZ, SECRETARY 12-23-98 (305)445-1013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #