


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 APR 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741581 1. Entity Name PENIEL CHRISTIAN CHURCH, INC.	
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Principal Place of Business 5301 GODDARD AVE. ORLANDO, FL 32810-5437 US	Mailing Address P.O. BOX 608427 ORLANDO, FL 32860-8427 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT

04112006 REIN-NP2 CRE#09 (11/05) 05-06

4. FEI Number 59-1829959	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMOS, RAFAEL 1000 MELLER WAY ORLANDO, FL 32825

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	RAMOS, RAFAEL
STREET ADDRESS	1000 MELLER WAY
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	TD <input type="checkbox"/> Delete
NAME	SULLIVAN, JESSICA
STREET ADDRESS	4781 LANTERN COURT
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	MALDONADO, EVELYN
STREET ADDRESS	1695 LEE ROAD APT #D101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T <input type="checkbox"/> Delete
NAME	SOTO, ALCIDES
STREET ADDRESS	9344 CHANDON DR.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	SD <input type="checkbox"/> Delete
NAME	RIVERA, MARIBEL
STREET ADDRESS	147 BEXLEY BOULEVARD
CITY-ST-ZIP	OCOE, FL 34761
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramos, Rafael
STREET ADDRESS	2773 Sheila Dr.
CITY-ST-ZIP	Apopka, Fl. 32810
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Jessica
STREET ADDRESS	2496 Cabernet Cir.
CITY-ST-ZIP	Ocoee, Fl. 34761-0000
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafael Ramos* 4-11-06 407-293-5867