

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763698

1. Corporation Name

Iglesia Evangelica Los Pinos Nuevos

2. Principal Office Address

2407 SW 69 AVE.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

2407 SW 69 AVE.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/1982

5. FEI Number

592219902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

600021378796
07/08/03--01021--018 **122.50

02-034BL

FILED
03 JUN 12 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Fidel H. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

13230 SW 66 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-11-03

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	Fidel H. Rodriguez	13230 SW 66 ST.	Miami, FL 33183
VD	Gloria M. Rodriguez	13230 SW 66 ST.	Miami, FL 33183
TD	DIANElys ARTEAGA	641 E. 58 ST.	Hialeah, FL 33013

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:

Gloria Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-03

Date

(305)
387-1589

Daytime Phone #

CR2E081 (10/02)

Iglesia Evangélica Los Pinos Nuevos

June 11, 2003

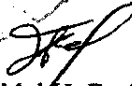
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO WHO IT MAY CONCERN:

During 2002 we did not receive a copy of the annual business report. This may be due to the fact that the Registered Agent moved from 4225 SW 95 Ave., to a new location. The new address is:

13230 SW 66 Street
Miami, FL 33183

Thank you and God Bless,


Fidel H. Rodriguez
Senior Pastor and President

Iglesia Evangelica Los Pinos Nuevos
2407 SW 69 Avenue
Miami, FL 33155
Tel: 305-663-2147 / 798-2654