


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000741			
1. Corporation Name Spanish Eastern District Inc. of the Christian and Missionary Alliance			
2. Principal Office Address - No P.O. Box # 3133 Central Ave Suite, Apt. #, etc. 202 City & State Union City, NJ Zip Country 07087 USA		3. Mailing Office Address P.O. Box 865 Suite, Apt. #, etc. City & State Union City, NJ Zip Country 07087 USA	
4. Date Incorporated or Qualified To Do Business in Florida 2-12-1993		5. FEI Number 232685199	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: Jorge Cuevas Street Address (P.O. Box Number is Not Acceptable): 2409 Hatton Chase Ln Suite, Apt. #, Etc.: City: Kissimmee, State: FL Zip Code: 34746			
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: <i>J Cuevas</i> Date: 12-01-08 REGISTERED AGENT MUST SIGN			
REINSTATEMENT			
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
P	Jorge Cuevas	2409 Hatton Chase Ln	Kissimmee, FL 34746
S	Dean Bracewell	35 Washington PL	Morristown, NJ 07960
T	Hazael Morell	257 Locust Glen Dr	Cranston, RI 02921
D	Luis Carrasquillo	69 Randolph Ave.	Dover, NJ 07801
D	Andres Solis	2601 Lullington Dr.	Winston Salem, NC 27103
D	George Medina	2215 Quimby Ave.	Bronx, NY 10473
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 contained in Chapter 119, 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: <i>J Cuevas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12-01-08 407-460-9147 Date Daytime Phone #	

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 12/18/08 010300 F012 #620.50
 TALLAHASSEE, FLORIDA

12/18/08 010300 012 \$620.50

4. Date Incorporated or Qualified To Do Business in Florida 2-12-1993
5. FEI Number 232685199 ☒ Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

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Additional Directors

D	Arturo Polo	5035 SW 147 Place	Miami, FL 33185
D	Javier Portela	14806 Edison Ct.	Woodbridge, VA 22193