


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000001722			
1. Entity Name CENTRO CRISTIANO METROPOLITANO, INC.			
Principal Place of Business 4636 WEST 192 KISSIMMEE, FL 34741		Mailing Address P O BOX 450566 KISSIMMEE, FL 34745-0566	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O Secretary/Treasurer 2528 Carter Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kissimmee, Florida	
Zip	Country	Zip	Country
34741	USA	34741	USA

FILED

08 OCT -7 PM 3:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



10012008 REIN-NP CR2E099 (1/07)

4. FEI Number APPLIED FOR 86-1104590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MALAVE, SAMUEL 1700 WEST CARROLL ST APT #2 KISSIMMEE, FL 34741		Name Street Address (P.O. Box Number is Not Acceptable) 2426 Oak Run Boulevard City Kissimmee FL Zip Code 34744	

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  **SAMUEL MALAVE, Registered Agent** **October 1, 2008**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAVE, SAMUEL			NAME	2426 Oak Run Boulevard		
STREET ADDRESS	1700 WEST CARROLL ST APT #2			STREET ADDRESS	Kissimmee, Florida 34744		
CITY-ST-ZIP	KISSIMMEE, FL 34741			CITY-ST-ZIP	Kissimmee, Florida 34744		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAVE, MYRNA			NAME	2426 Oak Run Boulevard		
STREET ADDRESS	1700 W CARROLL ST APT #2			STREET ADDRESS	Kissimmee, Florida 34744		
CITY-ST-ZIP	KISSIMMEE, FL 34741			CITY-ST-ZIP	Kissimmee, Florida 34744		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELAGIO-ORELLANA, BRENDA			NAME	2528 Carter Drive		
STREET ADDRESS	1402 AMBERWOOD BLVD			STREET ADDRESS	Kissimmee, Florida 34741		
CITY-ST-ZIP	KISSIMMEE, FL 34741			CITY-ST-ZIP	Kissimmee, Florida 34741		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDINA, JOSE			NAME	400136689304		
STREET ADDRESS	11940 REEDY CRK RD APT 307			STREET ADDRESS	10/07/08--01010--011 **70.00		
CITY-ST-ZIP	ORLANDO, FL 32836			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 supplement 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:  **SAMUEL MALAVE** **October 1, 2008** **(407) 535-0664**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

KS