

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 700000003129			
1. Corporation Name INTERNATIONAL MISSIONARY COMMISSION "THE NARROW DOOR" INC.			
2. Principal Office Address - No P.O. Box # 7300 VIALE SONATA <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 7300 VIALE SONATA <small>Suite, Apt. #, etc.</small>	
City & State LAKE WORTH, FL <small>Zip</small> 33467 <small>Country</small> USA		City & State LAKE WORTH, FL <small>Zip</small> 33467 <small>Country</small> USA	
7. Name and Address of Current Registered Agent			
Name NARCISO ANTONIO VALE			
Street Address (P.O. Box Number is Not Acceptable) 7300 VIALE SONATA <small>Suite, Apt. #, Etc.</small>			
City LAKE WORTH		State FL Zip Code 33467	
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 REGISTERED AGENT MUST SIGN		Date 07/23/07	
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	NARCISO ANTONIO VALE	7300 VIALE SONATA	LAKE WORTH, FL 33467
VD	SORAYA VALE	7300 VIALE SONATA	LAKE WORTH, FL 33467
TD	DAVID MOLINA	9286 SW 5th street	BOCA RATON, FL 33428
SD	MARIA ELENA CONTRERAS	5906 HYPOLUXO ROAD	LAKE WORTH, FL 33463
M	MARITZA MOLINA	9286 SW 5th street	BOCA RATON, FL 33428
M	JUAN CONTRERAS	5906 HYPOLUXO ROAD	LAKE WORTH, FL 33463
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: NARCISO ANTONIO VALE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 07/23/07 Daytime Phone # (561) 714-9628	

FILED

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SECRETARY OF STATE
 REINSTATEMENT 02-07

07/16/07 01001 - 010 54250
 07/16/07 01001 - 011 8.75

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 5/08/2000

5. FEI Number 651006653 ☐ 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.