

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006104

1. Corporation Name
IGLESIA BAUTISTA NUEVA VIDA, INC.

2. Principal Office Address
6000 W. Colonial Drive

3. Mailing Office Address
6036 W. Amelia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32808 USA

Zip Country
32835 USA

4. Date Incorporated or Qualified
To Do Business in Florida 9/13/2000

5. FEI Number Applied For
59-3727084 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Esdras Antonio Rivera

Street Address (P.O. Box Number is Not Acceptable)
6036 W. Amelia St.

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32835

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

Esdras A. Rivera
REGISTERED AGENT MUST SIGN

Date 01/13/05

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	Antonio Rivera Cruz	6036 W. Amelia St	Orlando, FL 32835
D	Ramon Luis Morales	6548 Woodthrush Hill	Orlando, FL 32810
D	Victor Manuel Resto	3120 Audobon PL	Kissimmee, FL 34743

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2005
Date

407 578-0734
Daytime Phone #

*1/2/05
04-05
[Signature]*

REINSTATEMENT

CR2E081 (01/05)