APPLICATION **FOR** REINSTATEMENT



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000006166

1. Corporation Name

MINISTERIO LUZ DEL MUNDO, INC.

Principal	Disease	-4 D.	
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Mailing Address 10001 SW 12 STREET 10001 SW 12 STREET MIAM! FL 33174 MIAMI FL 33174 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0874968 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zin Country CERTIFICATE OF STATUS DESIRED [for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors RAIN E. SORA' 10001 SW 12 Street MIAMI, FL 33174 10001 SW 12 STRUET MIAMI, FL 33/74 10001 SW 12 STREET 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SORA, EFRAIN Street Address (P.O. Box Number is Not Acceptab 10001 SW 12 STREET Suite, Apt. #, Etc. MIAMI FL 33174 FL 10. I, being appointed the registered agent of the pove gamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 多国の Signature of Registered Agen TERED AGENT MUST SIGN 11. I certify that I am an officer or director or t🌡e 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 name 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:

00 OCT 16 AM 7:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



10001 SW 12 St., Miami, FL 33174 - 305.227.3876 luzdelmu@bellsouth.net /www.luzdelmundo.com

October 11, 2000

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee FL 32314-6327

To Whom It May Concern:

Please be advised that on this date I received notice that my non-profit corporation had been administratively dissolved or revoked effective September 22, 2000.

I immediately contacted your department and spoke to one of your clerks, who informed me that I had failed to supply the necessary information as requested by the attached letter dated July 18, 2000.

The reason why I had not complied with the letter is as follows: The letter pertained to corporation number P99000010660, which was erroneous. At the time that I contacted your office a new corporation number was issued. The letter that I received with the new number, dated September 18, 2000, also attached, did not ask for the information. I assumed that the form with the corrected number would follow. For this reason I did not follow up with a corrected form.

Please understand that this corporation was set up to help missionary work in Latin America and the Caribbean. We are missionaries, not business people. Please accept my apologies, if we neglected to follow the requirements of the State of Florida it was out of ignorance and not defiance. I respectfully request that the corporation be reinstated and that \$175.00 fee be waived. I give you my word that in the future we will prompt in responding to your requests; I realize that in not doing so greater amount of work is, unfairly, put upon you.

Sincerely

Effain E. Sora