

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Oct 04, 2006 8:00 A.M.**  
**Secretary of State**

DOCUMENT # *N01000001543*

1. Corporation Name

*DIVINE ENCOUNTER MINISTRIES, INC*

2. Principal Office Address

*8 ABBEY COURT*  
Suite, Apt. #, etc.

3. Mailing Office Address

*8 ABBEY COURT*  
Suite, Apt. #, etc.

City & State

*HAINES CITY, FL*  
Zip *33844* Country *USA*

City & State

*HAINES CITY FL*  
Zip *33844* Country *USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*MARCH 2, 2001*

5. FEI Number

*74-3025934*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *REV. AMANDA CASARES*  
Street Address (P.O. Box Number is Not Acceptable)  
*8 ABBEY COURT*  
Suite, Apt. #, Etc.  
City *HAINES CITY*

State  
*FL*

Zip Code  
*33844*

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

*Rev. Amanda Casares*  
REGISTERED AGENT MUST SIGN

Date *10/02/06*

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
<i>D</i>	<i>REV. ARTHUR CASARES</i>	<i>8 ABBEY COURT</i>	<i>HAINES CITY, FL 33844</i>
<i>D</i>	<i>REV. CLAUDIO HERNANDEZ</i>	<i>1620 COLUMBIA ARMS CIRCLE, #161</i>	<i>KISSIMMEE, FL 34741</i>
<i>D</i>	<i>REV. EVELYN HERNANDEZ</i>	<i>1620 COLUMBIA ARMS CIRCLE #161</i>	<i>KISSIMMEE, FL 34741</i>
<i>S/T</i>	<i>REV. AMANDA CASARES</i>	<i>8 ABBEY COURT</i>	<i>HAINES CITY, FL 33844</i>

*300090447833*  
*10/04/06--01006--003 \*\*358.75*

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:

*Rev. Amanda Casares*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/02/06*  
Date

*863-419-9264*  
Daytime Phone #