

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 MAR 31 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/29/08--01007--024 **\$612.50

REINSTATEMENT 02-08
CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000003958
1. Corporation Name
IGLESIA DE CRISTO EN OKEECHOBEE, INC

2. Principal Office Address - No P.O. Box #
506 NE 6th AVE
Suite, Apt. #, etc.

3. Mailing Office Address
W080000011719
1525 NE 64th Drive
Suite, Apt. #, etc.

City & State
Okeechobee, FL

City & State
Okeechobee, FL

Zip Country
34972

Zip Country
34972

4. Date Incorporated or Qualified To Do Business in Florida
May 22, 2001

5. FEI Number Applied For 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
Octavio Zepeda

Street Address (P.O. Box Number is Not Acceptable)
6695 NE 10th Lane

Suite, Apt. #, Etc.

City State Zip Code
Okeechobee FL 34974

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.

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 X Octavio Zepeda Date 2/22/08
REGISTERED AGENT MUST SIGN

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
Pres	OCTAVIO ZEPEDA	6695 NE 10th Lane	Okeechobee, FL 34974
VP	MARSELINO MORAN	6695 NE 10th Lane	Okeechobee, FL 34974
T/D	RICARDO CASTILLO	1525 NE 64th Drive	Okeechobee, FL 34972

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: Ricardo castillo Date 2/22/08 (843) 634-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #