

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 PM 3:49

DOCUMENT # ND1000004182

1. Corporation Name

Ministerio Entrenando en Excelencia Corp.

14741 SW 144 Terrace
14741 SW 144 Terrace

2. Principal Office Address

14741 SW 144 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

14741 SW 144 Terrace

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33196

Country

Miami-Dade

Zip

33196

Country

Miami-Dade

4. Date Incorporated or Qualified

To Do Business in Florida 06/13/2001

5. FEI Number

20-2030487

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Eida T. Diego

Street Address (P.O. Box Number is Not Acceptable)

14741 SW 144 Terrace

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33196

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

Eida T. Diego
REGISTERED AGENT MUST SIGN

Date

12/21/04

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
DP	Eida T. Diego	14741 SW 144 Terrace	Miami, Fla. 33196
DV	Tomas D. Diego	14741 SW 144 Terrace	Miami, Fla. 33196
DS	Francesca Diego	14741 SW 144 Terrace	Miami, Fla. 33196

300043654358

12/27/04--01091--016 **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 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:

Eida T. Diego Eida T. Diego

Date

12/21/04 305-218-5610

Daytime Phone #

CR2E061 (01/04)

12/28/04

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2030487 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Ministerio Entrenando en Excelencia					
2 Trade name of business (if different from name on line 1)			3* Executor, trustee, "care of" name Eida T Diego		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 14741 SW 144 Terrace			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Miami FL 33196 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Miami Dade State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Eganglistic Ministry <input type="checkbox"/> Other (specify) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated State FL Foreign country					
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input checked="" type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
10* Date business started or acquired (month, day, year) DEC 20 2005					
11 Closing month of accounting year					
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" ▶					
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) Religious <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Teaching & Education Materials					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name		Designee's telephone number (include area code)	
		Address and ZIP code		() - Designee's fax number (include area code)	
				() -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ Eida T Diego Director				Applicant's telephone number (include area code) () 305-256-1170 Applicant's fax number (include area code) () - 305-256-1170	
Signature ▶ Not Required				Date ▶ December 20, 2004 GMT	