

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO1000005408			
1. Corporation Name <i>Iglesia Lugares Celestiales, Inc.</i>			
2. Principal Office Address - No P.O. Box # <i>201 W. Ocean Blvd</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <i>201 W. Ocean Blvd</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>STUART, Florida</i>		City & State <i>STUART, Florida</i>	
Zip <i>34996</i>	Country <i>USA</i>	Zip <i>34996</i>	Country <i>USA</i>
7. Name and Address of Current Registered Agent <small>Name</small> <i>MARCOS A. ALVAREZ SR.</i> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <i>10725. South Ocean Dr.</i> <small>Suite, Apt. #, Etc.</small>			
<small>City</small> <i>Jensen Beach</i>		<small>State</small> <i>FL</i>	<small>Zip Code</small> <i>34957</i>
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.			
<small>Signature of Registered Agent</small> <i>Marcos A. Alvarez</i>		<small>Date</small> <i>8/9/08</i>	
<small>REGISTERED AGENT MUST SIGN</small>			
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
D	Benigno Terlero	2995 SE Aster Lane # E102	STUART FL 34994
D	Marcos A Alvarez	10725 S. Ocean Drive	Jensen Beach, FL 34957
S	Maria Segura	PO Box 1345	Port Salerno, FL 34992
T	Marnie Oregon	2737 SE Howell Ave	Port St Lucie, FL 34952
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: <i>Marcos Alvarez</i>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
		<small>Date</small> <i>8/9/08</i>	<small>Daytime Phone #</small> <i>772 209 2662</i>