

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCL	г# N010000	06 DEC 26 SECRETARIASS										
Igle	entecosta R	AM IO: 41 EE, FLORID										
2. Principa	office Addre	ess Stroot	ffice Address 59th Way			i		IDA	· —	1		
7090 60th Street 6981 Suite, Apt. #, etc. Suite, Apt. #,							REINSTATTORER					
City & State City & State							4. Date Incorporated or Qualified To Do Business in Florida 10/29/2001					
				llas Park, FL			5. FEI Numbe	ır.		<u> </u>	oplied For ot Applicable	
3378	781 ÜŜA		³ 378	1	ŰŠA		6. CERTIFICATE OF STATUS DESIRED \$		8.75 Additional for a Certificat			
	Name and Address of Current Register Name and Address of Current Register Name and Address of Current Register Stock Address (P.O. Beax Number is Not Acceptable) Stock Address (P.O. Beax Number is Not Acceptable) Suite, Apt. #, Etc. St. Petersburg							700082773067 12/26/0601028005 **481.25 State 33701				
Signature of Registered /	R	bligations of section 607.0505 or 617.0503, F.S. Date 12/21/2006										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City Class / Zie										thata I Tin		
P/D	Abiezer Jimenez			Officer and/or Director 6981 59th Way				Pinellas Park, FL 33781				
VP/D	Wilfredy Troche			8979 90th Terrace N			Largo, FL 33777					
		Poggi	8400 49th St. N. #1211			Pinellas Park, FL 33781						
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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 filling 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												

SIGNATURE:

The state of

Abiezer Jimenez, President 12/21/2006

727-204-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Date

Daytime Phone #

JOHN P. CULLEM Attorney at Law

(727) 894-1200 (727) 896-1700 (Facsimile) 856 Second Avenue North St. Petersburg, FL 33701

December 22, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement and name change of Iglesia Pentecosta Rios De Agua Viva, Inc.

Document number N01000007756

Dear Sir/Madam:

Please find enclosed the completed Corporation Reinstatement form for the above referenced Florida Non-Profit Corporation, along with a check in the amount of \$481.25 to cover the cost of reinstatement.

Also find enclosed Articles of Amendment relating to the name change of said corporation, along with a check in the amount of \$43.75 to cover the filing fees for the amendment and for the cost of a Certificate of Status.

Thank you for your time and attention to this matter.

Very truly yours,

John P. Cullem, Esquire

JPC/srm Enclosures

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