


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC 15 PM 11:20 CLERK OF THE COURT TALLAHASSEE, FLORIDA
DOCUMENT # <u>NO2000000612</u> 1. Corporation Name <u>IGLESIA &amp; MINISTERIOS CRISTIANOS LOGOS, INC.</u>				<b>REINSTATEMENT 03</b>
2. Principal Office Address <u>2140 MICHIGAN AVE.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>PO BOX 452915</u> Suite, Apt. #, etc.		
City & State <u>KISSIMMEE, FLORIDA</u>		City & State <u>KISSIMMEE, FLORIDA</u>		
Zip <u>34744</u>	Country <u>OSCEOLA</u>	Zip <u>34745-2915</u>	Country <u>OSCEOLA</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>AUGUST 16-2002</u>				5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				

7. Name and Address of Current Registered Agent		
Name <u>NORBERTO FONSECA</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1917 Teaberry Ct.</u>		<u>400024530544</u> <u>11/10/03-01008-015 **236-15</u>
Suite, Apt. #, Etc.		
City <u>ORLANDO</u>	State <u>FL</u>	Zip Code <u>32824</u>

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 Norberto Fonseca Date 10-3-03  
 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
D	NORBERTO FONSECA	1917 Teaberry Ct.	ORLANDO, FL 32824
D	ADA VELAZQUEZ	1917 Teaberry Ct.	ORLANDO, FL 32824
D	LUIS D. GONZALEZ	1655 WINDSOR CT.	KISSIMMEE, FL 34744
D	JOSE FALCON	337 GOIT Circle	KISSIMMEE, FL 34741
D	RUTH VEGA	1701 Mobbette ST.	KISSIMMEE, FL 34743

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: Norberto Fonseca Date NOV. 3, 2003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (407) 933-7200/854-7354

CR2E081 (10/02)