2005 NOT-EOR-PROFIT CORPORATION REINSTATEMENT

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CENTRO CRISTIANO OASIS DE BENDICION, INC.										M 8: 45 IE STATE		
Principal Place of Business 14904 WHITE MAGNOLIA CT ORLANDO, FL 32824 Mailing Address 14904 WHITE MAG ORLANDO, FL 32824 ORLANDO, FL 328					IA CT					IF STATE FLORIDA		
2. Principal P	Place of Busin	ness	3. Mai	ling Address								
Suite, Apt. #, etc.				ite, Apt. #, etc.			07082005 REIN-NP CR2E099 (6/04)					
City & State			<u> </u>	ty & State			4. FEI Number 80-003263	No	pplied For ot Applicable			
Zip Country Zi				·			5. Certificate of Status Desired					
	6. Name	and Address of Current	Registere	ad Agent		Name	7. Name and Add	ress of New Registered	Agent			
CLASS, C 14904 WH ORLANDO	IITE MAGI				 -		i (P.O. Box Number is I	Not Acceptable)				
						City		F	Zip Cod	ie e		
	tions of regist	y submits this statement for tered agent.	28				ered agent, or both, in		n familiar with,	, and accept		
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FI	LE NOW!!	! FEE IS \$122.50	,	In accordan	ce with s	s. 607.193(2)(b eceive the pric	o), F.S., the or notice.	, , , , , , , , , , , , , , , , , , , 	ck payable t artment of S			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *

Carlos SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR