

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -1 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001339**

1. Corporation Name
**IGLESIA PENTECOSTAL MILAGRO DE
DIOS, INC.**

REINSTATEMENT 03-04

05/27/03 90176 012 \$61.65

2. Principal Office Address 6776 STIRLING RD.		3. Mailing Office Address P.O. BOX 120951	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL.		City & State FT. LAUDERDALE, FL.	
Zip 33024	Country BROWARD	Zip 33312	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 04-3637533	Applied For 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 LUIS RIVERA	
Street Address (P.O. Box Number is Not Acceptable) 6776 STIRLING RD.	
Suite, Apt. #, Etc.	
City HOLLYWOOD	State FL
	Zip Code 33024

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 **(x) Luis Rivera, DIRECTOR**
REGISTERED AGENT MUST SIGN

Date **11/15/04**

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
D	PASTOR LUIS RIVERA	6776 STIRLING ROAD	HOLLYWOOD, FLA. 33024
D	PASTOR ISAUARA RIVERA		
D	TRAVELIN RIVERA		

100043130771
12/02/04--01048--008 **61.25

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:

(x) Luis Rivera, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/15/04**

954-
584-3859
Daytime Phone #

CR2E081 (01/04)

**IGLESIA PENTECOSTAL MILAGRO DE DIOS, INC.
6776 STIRLING ROAD, HOLLYWOOD, FLORIDA 33024**

November 15, 2004

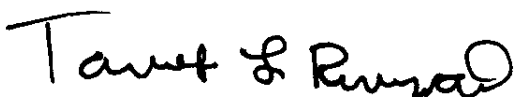
**Mr. Sean Toner, Div. of Corp. - Sect. of State
P. O. Box 6327, Tallahassee, Florida 32314**

Dear Mr. Toner:

I am this letter because in 2003 we did our best to complete our annual report and our daughter did her best to complete the form although she has no experience. It was returned to us once and we resent the form with changes but we did not receive any other mailings after that. Your department is currently holding \$61.25 for year 2003. We have retained an accountant to handle all our tax and filling matters from here on.

We are enclosing a reinstatement form, the payment of \$61.25 for year 2004 and asking that the penalty be waived as per a telephone conversation. Thank you for your assistance and understanding.

Sincerely,



**Luis Rivera, Director/Pastor
Iglesia Pentecostal Milagro De Dios, Inc.**