

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002839

1. Corporation Name

Centro Evangelistico Y Misionero Internacional
"Cristo Es La Solucion"

100023341171
09/25/03--01074--002 **61.25

2. Principal Office Address

832 16th St. S.

Suite, Apt. #, etc.

City & State

Haines City, Florida

Zip

33844

Country

United States

3. Mailing Office Address

832 16th St. S.

Suite, Apt. #, etc.

City & State

Haines City, Florida

Zip

33844

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

18 April 2002

5. FEI Number

43-202 8665

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis A. Quesada

Street Address (P.O. Box Number is Not Acceptable)

832 16th St. S.

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

Date 9/22/03

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 |
|--------|--------------------------------------|---|-----------------------------|
| P | Luis A. Quesada | 832 16th St. S. | Haines City, Florida. 33844 |
| VP | Carmen S. Quesada | 832 16th St. S. | Haines City, Florida. 33844 |
| S | Ramonita Burgos | Urb. Verde Mar. 20th St. #584 | Humacao, PR. 00741 |
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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 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:

Luis A. Quesada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03

Date

Daytime Phone #

(863) 421-1021

CR2001 (10/02)

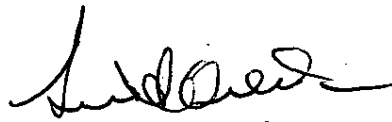
9/29

Luis A. Quesada
832 16th St. S.
Haines City, Fl. 33844.

22 Sept. 03

To : Department of State
Incorporations Division.

I am including the form and fee for reinstatement. I did not receive a URB
to file.



Luis A. Quesada