

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 DEC 12 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02 000003071

1. Corporation Name

SPANISH JAIL MINISTRY

REINSTATEMENT 03

2. Principal Office Address

322 WOODBURY PINES Cir. SAME AS

Suite, Apt. #, etc.

ORLANDO, FL

City & State

3. Mailing Office Address

SAME AS

Suite, Apt. #, etc.

2

City & State

Zip

Country

32828

USA

Zip

Country

200025455622
12/12/03--01040--020 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

4-25-2002

5. FEI Number

38-3648091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DR. MARCO CARDENAS

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

322 WOODBURY PINES CIRCLE

Suite, Apt. #, Etc.

ORLANDO, FL 32828

City

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-9-03

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
TREASURER - DIRECTOR	<u>ELOY RODRIGUEZ</u>	<u>1053 SOPHIE BLVD</u>	<u>ORLANDO, FL 32828</u>
SECRETARY - DIRECTOR	<u>LEONARDO GONZALEZ</u>	<u>951 WHARF LANE</u>	<u>ORLANDO, FL 32828</u>

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 807.0401 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)(f), 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:

[Signature]

DR. MARCO CARDENAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-2003

Daytime Phone #

CR2EHS1 (10/03)