





2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006024 1. Entity Name MINISTERIO INTERNACIONAL CAMINO DE SANTIDAD, INC.						05 SEP 27 PM 12:18 DATE TIME	
Principal Place of Business 6121 W. 24 AVNEUE 109 HIALEAH, FL 33016				Mailing Address 6121 W. 24 AVNEUE 109 HIALEAH, FL 33016			
2. Principal Place of Business 7949 NW 2 Street Suite, Apt. #, etc.		3. Mailing Address 7949 NW 2 Street Suite, Apt. #, etc.		 REINSTATEMENT CR2E099 (0704) 09-20-05			
City & State Miami, Florida		City & State Miami, Florida					
Zip 33126		Zip 33126					
Country U.S.A.		Country U.S.A.		4. FEI Number APPLIED FOR 651172284		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OVEDO, NELSON 6121 W. 24 AVNEUE 109 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Alvarez, Jose Luis Street Address (P.O. Box Number is Not Acceptable) 7949 NW 2 Street Miami, Fl. City FL Zip Code 33126			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Jose Luis Alvarez 9-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNICKI, DANIEL 310 PALM KEY CIRLCE #105 BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Garnicki, Daniel 7949 NW 2 Street Miami, Fl. 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARNICKI, BLANCA 310 PALM KEY CIRCLE #105 BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Garnicki, Blanca 7949 NW 2 Street Miami, Fl. 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OVIEDO, NELSON 6121 W. 24 AVNEUE 109 HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Oviedo, Nelson 6121 W. 24 Avenue 109 Hialeah, Fl 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVERZ, JOSE LUIS 558 SW 10 ST. #6 MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alvarez, Jose Luis 1407 SW 19 Street Miami, Fl. 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, HORACIO 11789 SW 18 ST. MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cardenas, Nubia 250 NW South River Dr. #111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				9/20/05 (305)269-9911 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

SEP 28 2005