

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 26 AM 9:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006445

1. Corporation Name

MINISTERIO CASA DE PODER INTERNACIONAL, INC.

800101360368
05/03/07--01020--023 **481.25

REINSTATEMENT 03-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4883 NW 107 Path

Suite, Apt. #, etc.

3. Mailing Office Address

4883 NW 107 Path

Suite, Apt. #, etc.

City & State

DORAL FL

City & State

DORAL FL

Zip

33178

Country

US

Zip

33178

Country

US

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

08/23/2002

5. FEI Number

20-8903743

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

RIGOBERTO BERNAL

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

4883 NW 107 Path

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33178

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 04/14/2007

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	Rigoberto Bernal	4883 NW 107 Path	Doral FL 33178
D	Daniel Negroni	3725 Wilton Ct	White Plains MD 20695
D	Ronald L Feliciano	8674 SW 161 Ct	Miami FL 33193
D	Khanah S Bernal	4883 NW 107 Path	Doral FL 33178

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 contained in Chapter 119, 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:

RIGOBERTO BERNAL

04/14/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #