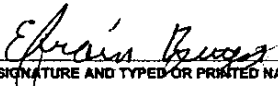


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO2000007984			
1. Corporation Name IGLESIA PENTECOSTAL PUEBLO DE DIOS, C.L.A. INC.			
2. Principal Office Address 25 NE DIXIE HWY		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART, FL.		City & State	
Zip 34997	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/17/02		5. FEI Number 20-0160335	
6. CERTIFICATE OF STATUS DESIRED		Applied For ☐ Not Applicable ☒	
7. Name and Address of Current Registered Agent			
Name Jose L. Santos			
Street Address (P.O. Box Number is Not Acceptable) 2716 POLK ST			
Suite, Apt. #, Etc.			
City HOLLYWOOD		State FL	Zip Code 33020
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 2/4/05	
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
PRES	EFRAIN BURGOS	6231 SW 39 ST.	DAVIE, FL 33314
Sec	ELSA BURGOS	6231 SW 39 ST	DAVIE, FL 33314
TRE	WALTER FLORES	582 SE OAKRIDGE DR	PT. ST. LUCIE, FL 34984
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)(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: 		Date 2/4/05	Daytime Phone # 954-965-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

05 FEB -9 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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