PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007984

1. Corporation Name
IGLESIA PENTECOSTAL PUEBLO DE DIOS, C.L.A. INC.

07/11/03 90057 032 6125

2. Principal Office Address	**3.** Mailing Office Address
25 NE DIXIE HWY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL.	City & State: —
Zip: 34994 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/02

5. FEI Number: 20-0160335 ☐ 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: Jose L. Santos

Street Address (P.O. Box Number is Not Acceptable): 2716 POLK ST

700046928897
02/21/05--01025--007 **297.50

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: J. L. S. — REGISTERED AGENT MUST SIGN — Date: 2/4/05

CR2E081 (01/05)

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
		REINSTATEMENT 03'05	

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: Efrain Burgos — 2/4/05 — 954-965-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #