PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 30 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

DOCUMENT # N02000008285

1. Corporation Name

Igelesia Penkcostal De Los Sokdos De Jesus Inc.

W05-13314

2. Principal Office Address	3. Mailing Office Address
808 E. Okaloosa st	P.O Box 340005
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33604 Country: USA	Zip: 33694-0005 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-10-03

5. FEI Number: 16-1681867 ☐ 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: Eliud Perez

Street Address (P.O. Box Number is Not Acceptable): 22534 Roderick Dr.

Suite, Apt. #, Etc.:

City: Land O'Lakes State: FL Zip Code: 34639

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: Eliud Perez Date: 2/1/05

REGISTERED AGENT MUST SIGN

CR2E061 (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	Eliud Perez	22534 Roderick Dr.	Land O'Lakes FL 34639
SEC	Yrima Perez	22534 Roderick Dr.	Land O'lakes FL 34639
DIR	Shari Blair	2413 38th Ave	Tampa FL 33604

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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: Eliud Perez 2-1-05 813 933-3826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #