

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008678

1. Corporation Name

MINISTERIO JEHOVA SE PROVEERA, INC.

2. Principal Office Address

5920 JOHNSON ST

Suite, Apt. #, etc.

SUITE 105
101

City & State

HOLLYWOOD FL

Zip
33024

Country
USA

3. Mailing Office Address

5920 JOHNSON ST

Suite, Apt. #, etc.

SUITE 105 101

City & State

HOLLYWOOD FL

Zip
33024

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/02/2002

5. FEI Number
02-0652049

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

URBINA, MARIA

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

5920 JOHNSON ST

Suite, Apt. #, Etc.

SUITE 105 101

City

HOLLYWOOD FL

State

FL

Zip Code

33024

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

Maria Urbina

REGISTERED AGENT MUST SIGN

Date 11/07/2006

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
P	URBINA, MARIA	11724 NW 5TH ST	PLANTA, FL 33024
VP	PEREZ, DIGNA	2471 SW 43RD AVE	FT LAUD. FL 33317
SEC	ROSPIGLIOSI, GIULIANA	3601 MONROE ST 209	HOLLWYOOD FL 33021
TREA	SHAHOLLI, ENTELA	7800 CARLYLE AVE 3-D	MIAMI, FL 33141

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:

Maria Urbina MARIA URBINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/06

Date

754 204 1284

Daytime Phone #

FILED

06 NOV 14 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

04-06