


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008678
1. Corporation Name
MINISTERIO JEHOVA SE PROVEERA, INC.

2. Principal Office Address 5920 JOHNSON ST		3. Mailing Office Address 5920 JOHNSON ST	
Suite, Apt. #, etc. SUITE 105		Suite, Apt. #, etc. SUITE 105 101	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33024	Country USA	Zip 33024	Country USA

CR2E081 (12/05) 04-06

4. Date Incorporated or Qualified To Do Business in Florida 11/02/2002	
5. FEI Number 02-0652049	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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* Date **11/07/2006**

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
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
			900081765229 11/14/06--01049--023 **367.50

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** Date **11/7/06** Daytime Phone # **754 204 1284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR