

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009050

1. Corporation Name
Iglesia Pentacostal Ebenezer, Inc.
1 Sam. 7:12

REINSTATEMENT 03

2. Principal Office Address
1102 139th Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
2903 W. Paris St.
Suite, Apt. #, etc.

400023349164
09/25/03--01107--004 **236.25

City & State
Tampa, FL
Zip 33613 Country USA

City & State
Tampa, FL
Zip 33614 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/21/02
5. FEI Number 75-3122166
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 Hilda M. Pena
Street Address (P.O. Box Number is Not Acceptable) 2903 W. Paris St.
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33614

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 _____
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	Hilda M. Pena	2903 W. Paris St.	Tampa, FL 33614
V	Edwin Pena	2903 W. Paris St.	Tampa, FL 33614
S	Laura Cruz	822 N. Walker Dr.	Tampa, FL 33612
T	Juan Cruz	822 N. Walker Dr.	Tampa, FL 33612

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: Hilda M. Pena, President Date 9-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 813-348-0635

CR2E081 (10/02)