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that when filing S., that all fees mation indicated

PLEASE READ ALZ INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
	PORATION STATEMENT	S	DEPARTMENT OF STATE ecretary of State		FILED 06 JUL 21 AH 9: 20			
DOCUMENT # N0300002787  1. Corporation Name				SECKLIARY OF STATE TALLAHASSEE, FLORIDA				
Mision Cristiana Internacional, Inc.						,		
2. Principal Office Address 4474 Weston Rd. 3. Mailing SAN			ffice Address	PINIC'	TATEMENT OF	,00		
Suite, Apt. #	161	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/01/2003				
Weston, FL		City & State		5. FEI Number 65, 0665773 Applied For				
<sup>Zip</sup> 33331	I-3195 Country	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional F for a Certificate			
		7. N	ame and Address of Current Register	red Agant				
	Raul Tarela							
	Street 7 25 SW 84th Stephale Apt D							
,	city Miami				State 33183			
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 TINBO								
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 Eac Officer and/or Directo		City / State / Zip			
Р	Raul Tarela		13725 SW 84 St # D		Miami, FL 33183			
VP	Guery Iparraguirre		1080 Creekford Dr.		Weston, FL 33326			
SEC	Sandra Alegre		4288 Diamond Dr.		Weston, FL 33331			
				07.728	DOO78119816 8/0501043011 **150	.00		
					00078119816 3/0601043012 **150	.00		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								
			X* 3.		2007 11110			

July 17, 2006

Florida Department of State Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314-6198

Re: Annual Report Payment

Mision Cristiana International Inc. 4474 Weston Rd, Ste 161 Weston, Florida 33331-3195

Tax ID# 65-0665773

Document # N0300002787

This letter serves as a formal request to reactivate the above referenced corporation. I am enclosing two checks each for the amount of \$150.00 totaling \$300.00 which represents the annual fee for the year 2005 and 2006 and a Corporation reinstament form. I apologize for the failure to notice that payments had not been made. However, our offices relocated and we had not received any correspondence regarding this matter. Therefore, I would like to request your office to waive any penalties incurred.

Should you require additional information or have any questions, please call our office.

Thank you for your prompt attention to this matter.

Raul Tarela

President

Mision Cristiana Internacional, Inc.