2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003074

1. Entity Name
IGLESIA DE DIOS CAMINO, VERDAD Y VIDA IN ORLANDO, INC.

FILED
06 OCT 18 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2550 S. GOLDENROD ORLANDO, FL 32822	P O BOX 780877 ORLANDO, FL 32878

10162006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 781166 Suite, Apt. #, etc.
City & State	Orlando City & State Florida
Zip / Country	Zip 32878 / Country

4. FEI Number 65-1185087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVA, JULIA 4227 KING EDWARD DR. ORLANDO, FL 32826	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julia Silva
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $61.25 **After January 1, 2007, Fee will be $122.50**	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILVA, JULIA 4227 KING EDWARD DR. ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900080957309 10/18/06--01034--003 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, MICHAEL TRUSTEE 4227 KING EDWARD DR. ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRADO, PEDRO TRUSTEE 14110 COLONIAL SPRING ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $7 10/24
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD QUILES, CARLOS 7033 CARNA CT ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julia Silva 10-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #