

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV -9 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703000005975**

1. Corporation Name

Ministerio Manantial De Vida

2. Principal Office Address

1350 S. State Rd. 7

3. Mailing Office Address

3841 NW 21st. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Coconut Creek, Florida

Zip
33068

Country
Broward

Zip
33066

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida 10/28/06

5. FEI Number
061702266

☒ 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
AMADOR, OSCAR H.

Street Address (P.O. Box Number is Not Acceptable)
3841 NW 21st. Street

Suite, Apt. #, Etc.

City
Coconut Creek, Florida

State
FL

Zip Code
33066

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

PRESIDENT

REGISTERED AGENT MUST SIGN

Date 10/28/2006

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
President	Oscar H. Amador	3841 NW 21st. Street	Coconut Creek, Florida
Tresures	Jaime Ramos	3610 NW 29th Street	Fort Lauderdale, Florida
Secretary	Maritza E. Trenche	3841 NW 21st. Street	Coconut Creek, Florida

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11/15/06--01015--006 **70.00

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

President

10/28/2006

Date

954-977-9099

Daytime Phone #

11/9/06