PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000011014

1. Corporation Name
LA CASA DE FE INTERNACIONAL, INC.

REINSTATEMENT 2004

2. Principal Office Address	**3.** Mailing Office Address
1703 DESTINY BLVD.	1703 DESTINY BLVD.
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State KISSIMMEE FL.	City & State KISSIMMEE FL.
Zip 34741 Country U.S.	Zip 34741 Country U.S.

4. Date Incorporated or Qualified To Do Business In Florida 12/23/03

5. FEI Number 20-0527021 [X] 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 900043497929

Name FREDDY BANOS

12/17/04--01073--001 **122.50

Street Address (P.O. Box Number is Not Acceptable) 1703 DESTINY BLVD.

Suite, Apt. #, Etc. SUITE 201

City KISSIMMEE State FL Zip Code 34741

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 12/15/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	FREDDY BANOS	1703 DESTINY BLVD STE 201	KISS, FL. 34741

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: _____ 12/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

December 15, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of $122.50 and the reinstatement form for "La Casa De Fe International, Inc." Doc# N03000011014. Per telephone conversation with you today with your department, this will cover the amount due to restore our corporation with the state for this year and for 2005. Please accept our apologies for the delay it seems that we never had any information to renew said corporation we did not get the papers to renew our corporation previously. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,

Rev. Freddy Baños
President/ Pastor