

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 15 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO4000000861*

1. Corporation Name
*Iglesia de Cristo Hisiorenca "Eberceca" EC
TABERNACULO, INC.
2531 HIXENS CT.
KISSIMMEE, FLORIDA 34743*

2. Principal Office Address - No P.O. Box #
2531 HIXENS CT.

3. Mailing Office Address
2531 HIXENS CT.

Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA

Zip Country
34743 OSCEOLA

01-11-05 90033 DIV \$61.25
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
83-0391464

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAMON L. SANTIAGO

Street Address (P.O. Box Number is Not Acceptable)
2531 HIXENS CT.

Suite, Apt. #, Etc.

City State Zip Code
KISSIMMEE FL 34743

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
300095814649
04/04/07 Date *01047-006 **297.50*

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
<i>PTD</i>	<i>RAMON L. SANTIAGO</i>	<i>2531 HIXENS CT.</i>	<i>KISSIMMEE, FL 34743</i>
<i>STD</i>	<i>CECILIA VAZQUEZ</i>	<i>1717 BARREN RD</i>	<i>DELANDA, FL 32809</i>
<i>STD</i>	<i>FERNANDO ROSARIO</i>	<i>1024 PLANTATION DR. B-10</i>	<i>KISSIMMEE, FL 34741</i>

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: *Ramon L. Santiago*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *3-13-07* Daytime Phone # *407.348-7155*