

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 4000005061**

1. Corporation Name
**CENTRO DE AVIVAMIENTO
CRISTIANO MINISTERIO
INTERNACIONAL, INC. W09-16294**

100148822441
04/06/09--01045--029 **183.75

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #
243 N. FLAGLER AV

3. Mailing Office Address
516 NW 2nd ST

Suite, Apt. #, etc.
House

City & State
Homestead FLA **Floridacity, FLA**

Zip Country Zip Country
33033 **M, DADE** **33034** **DADE**

4. Date Incorporated or Qualified
To Do Business in Florida **5-19-04**

5. FEI Number **77-0634959** 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 **PEDRO CAIDERON**

Street Address (P.O. Box Number is Not Acceptable)
516 NW 2nd St

Suite, Apt. #, Etc.
House

City **Floridacity FLA** State **FL** Zip Code **33034**

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 **Pedro Calderon** Date **3-31-09**

REGISTERED AGENT MUST SIGN

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	PEDRO CAIDERON	516 NW 2nd St.	FLORIDACITY, FLA 33034
S/T	HILDA CAIDERON	516 NW 2nd St	FLORIDACITY, FLA 33034
VP	Gilberto Ramirez	29425 SW 152 Ct	Leisure City FL 33033

REINSTATEMENT

RH

100148822441
04/22/09--01006--011 **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: **Pedro Calderon** Date **3-31-09** (786) 724-0047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #