

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 10:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000009132

1. Corporation Name

Iglesia Cristian Reformada Vida Nueva Inc.

2. Principal Office Address - No P.O. Box #

7666 NW 186 Street
Suite, Apt. #, etc.

3. Mailing Office Address

3641 W. 2 Court
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Hialeah, FL

Zip

33015

Country

USA

Zip

33012

Country

USA

7. Name and Address of Current Registered Agent

Name

Juan P. Sanchez

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

3641 W. 2 Court

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Juan P. Sanchez

REGISTERED AGENT MUST SIGN

Date

4/28/2008

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	Juan P. Sanchez	3641 W. 2 Court	Hialeah, FL 33012
T	John Granada	17650 W. 56 St. #241	Hialeah, FL 33012
S	Lourdes K. Altamirano	17650 W. 56 St. #241	Hialeah, FL 33012

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:

Juan P. Sanchez Juan P. Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/2008

Daytime Phone #

5/8 ad