2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001513

FILED Apr 10, 2007 Secretary of State

Entity Name: COMUNIDAD CRISTIANA CAMINO DE VIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

707 WESTMINSTER BOULEVARD 1190 EASTLAKE RD S

OLDSMAR, FL 34677 US TARPON SPRINGS, FL 34688 US

Current Mailing Address: New Mailing Address:

707 WESTMINSTER BOULEVARD 2596 RIDGE LN

PALM HARBOR, FL 34684 OLDSMAR, FL 34677 US

FEI Number: 20-2417339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUAPAYA, EDUARDO F SR HUAPAYA, EDUARDO F SR. 707 WESTMINSTER BOULEVARD 2596 RIDGE LN

OLDSMAR, FL 34677 PALM HARBOR, FL 34684 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDUARDO F. HUAPAYA SR.

04/10/2007 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CARRILLO, DAMARIS MRS. CARRILLO, DAMARIS MRS. Name: Name: Address: 707 WESTMINSTER BOULEVARD Address: 2596 RIDGE LN

City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: PALM HARBOR, FL 34684 US

Title: () Delete Title: () Change () Addition

CATE, LARRY G MR. Name: Name: Address: 6728 RANCHWOOD LOOP Address: City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ARIAS, CLARA I MRS. Name: CATE, MARIELLA H Name: 3260 CLOVER PLACE DRIVE 6728 RANCHWOOD LOOP Address: Address: City-St-Zip: PALM HARBOR, FL 34684 US City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. DAMARIS CARILLO D 04/10/2007