PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 OCT 29 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000005103

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10/29/08--01031--011 **367.50

**REINSTATEMENT** 06-08
CR2E081 (10/08)

1. Corporation Name
Ministerios Transformadores Globales, INC.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1068 W PAUL BOND DR. | P.O. BOX 6205 |
| Suite, Apt. #, etc.: E201 | Suite, Apt. #, etc.: |
| City & State: NOGALES / ARIZONA | City & State: NOGALES / ARIZONA |
| Zip: 85621 Country: USA | Zip: 85628 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: 5/13/2005

5. FEI Number: 54-2173491 ☒ 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: United States Corporation Agents, INC.
Street Address (P.O. Box Number is Not Acceptable): 13302 WINDING OAKS BLVD
Suite, Apt. #, Etc.: A100
City: TAMPA BAY State: FL Zip Code: 33612

☐ 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 _____ Date 10/27/08
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 | LUIS MARROQUIN | 389 E PATAGONIA HWY | NOGALES/AZ/85621 |
| T/D | CORINA CAMACHO MARROQUIN | 389 E PATAGONIA HWY | NOGALES/AZ/85621 |
| S/V | EDWIN ESPINAL | 389 E PATAGONIA HWY | NOGALES/AZ/85621 |
| C | JOSE SALAZAR | 389 E PATAGONIA HWY | NOGALES/AZ/85621 |
| M | BLAS TAPIA | 389 E PATAGONIA HWY | NOGALES/AZ/85621 |
| | N/A 10/29 | N/A | N/A |

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: _____ 10/27/08 361-688-2843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #