PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JUN 17 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000006604

1. Corporation Name

CENTRO CRISTIANO INTERNATIONAL OF ORLANDO INC

100157411911
06/18/09--01005--020 **183.75

REINSTATEMENT 07-05

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2636 N. ORANGE BLOSSON TR	2735 DAYBREAK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: ORLANDO FLORIDA
Zip: FLORIDA / Country: USA	Zip: 32825 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/2005

5. FEI Number: 20-3058431 ☐ 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: TOMAS A. CARDONA

Street Address (P.O. Box Number is Not Acceptable): 2735 DAYBREAK DR

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32825

☑ 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 _____

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
D	TOMAS A. CARDONA	2735 DAYBREAK DR	ORLANDO FL 32825
D	JUAN F. MONCADA	2353 ANDREWS VALLEY DR	KISSIMMEE FL 34758
D	SERGIO RUIZ	11551 BENTRY ST	ORLANDO FL 32824
D	VILMA MONCADA	2553 ANDRES VALLEY DR	KISSIMMEE FL 34758
D	ANA R. AMADOR	2406 OAK MILL DR	KISSIMMEE FL 34744

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: _____ TOMAS A. CARDONA 06/02/2009 407-275-2224

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