2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000629

FILED Sep 26, 2007 Secretary of State

Entity Name: MISION INTERNACIONAL ESPIRITU SANTO Y FUEGO INC.

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

5570 NW 107 AV 916 NW 104 AVENUE

SUITE 918 PEMBROKE PINES, FL 33026

MIAMI, FL 33178

Current Mailing Address: New Mailing Address:

5570 NW 107 AV 916 NW 104 AVENUE

SUITE 918 PEMBROKE PINES, FL 33026 MIAMI, FL 33178

FEI Number: 20-4406245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

RAMIREZ, ALFREDO
5570 NW 107 AV
SUITE 918
RAMIREZ, ALFREDO
916 NW 104 AVENUE
PEMBROKE PINES, EL 33026 LUS

SUITE 918 PEMBROKE PINES, FL 33026 US MIAMI, FL 33178 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: ALFREDO RAMIREZ 09/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 RAMIREZ, ALFREDO
 Name:
 RAMIREZ, ALFREDO

 Address:
 5570 NW 107 AV
 Address:
 916 NW 104 AVENUE

City-St-Zip: MIAMI, FL 33178 City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Delete Title: VP () Change (X) Addition
Name: Name: COLPAS, FARIDES
Address: 916 NW 104 AVENUE

City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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: ALFREDO RAMIREZ P 09/26/2007