PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JAN 20 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700280614257
01/05/16--01012--020 **236.25
CR2E081 (11/10)

CR2E081 (11/10)

DOCUMENT # N10000010135

1. Corporation Name
CASA DE ADORACION CAMINANDO EN FE

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
704 42ND STREET	100 LADY DIANA DRIVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: DAVENPORT, FLORIDA	City & State: DAVENPORT, FLORIDA
Zip: 33837 Country: POLK	Zip: 33837 Country: POLK

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/2010

5. FEI Number: 45-5400295 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: LEONCIO LOPEZ, JR.

Street Address (P.O. Box Number is Not Acceptable): 100 LADY DIANA DRIVE

Suite, Apt. #, etc

City: DAVENPORT State: FL Zip Code: 33837

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: Leoncio Lopez Jr. Date: 1/20/2016

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
Pastor	Leoncio Lopez, Jr.	100 Lady Diana Drive	Davenport, FL. 33837
M	Elizabeth Lopez	100 Lady Diana Drive	Davenport, FL. 33837
Assistant	Andres Guitard	575 Live Oak Avenue West Apt. 5202	Haines City, FL. 33844
Pastor Assistant	Ruth Guitard	575 Live Oak Avenue West Apt. 5202	Haines City, FL. 33844
Pastor Secretary	Adriana R. Lebron	7532 Pleasant Drive	Haines City, FL. 33844
Treasury	Ana I. Santiago	146 Piano Lane	Davenport, FL. 33896

10. **E-mail Address:** leonciolopez65@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Leoncio Lopez Jr. 1/20/2016 (863) 399-6848

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