


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31175

1. Corporation Name
IGLESIA EVANGELICA PENTECOSTAL
Puerta de Salvacion, Inc.

2. Principal Office Address
1100 S.W. 21 St.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Fort Lauderdale Florida

Zip Country
33315 Broward

FILED

05 APR 11 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800054203128
05/10/05--01038--003 **\$28.75

4. Date Incorporated or Qualified To Do Business in Florida March 8, 1989

5. FEI Number 65-0339126 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 David Garcia

Street Address (P.O. Box Number is Not Acceptable)
3281 S.W. 173 Terr **REINSTATEMENT 02-05**

Suite, Apt. #, Etc.

City Miramar State FL Zip Code 33029

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 [Signature] Date 5-7-05

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
SEC.	Edgar Aguirre	301 Delaware Ave	Ft. Lauderdale, FL 33312
Board	Patricia Rosario		

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 under section 119.07(3)(i), 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: [Signature] David Garcia Date 5-7-05 Daytime Phone # 954-524-2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)