PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 22 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42044

1. Corporation Name
MINISTERIO EVANGELISTICO PALABRA DE VIDA INC.

2. Principal Office Address		**3.** Mailing Office Address	
4293 Kent Ave		4293 Kent Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, Fl 33461		City & State Lake Worth FL,33461	
Zip 33461	Country USA	Zip 33461	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/12/91

5. FEI Number 65-0243407 ☐ 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
Rev. VICTOR C HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
4293 Kent Ave

Suite, Apt. #, Etc.

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05/10/05--01078--006 **420.00

City	State	Zip Code
Lake Worth	FL	33461

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 4/8/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	Victor C Hernandez	4293 Ken Ave	Lake Worth, Fl 33461
DV	Pedro Martinez	1416 NW Ave G	Belle Glade, Fl 33430
DT	Ana B Martinez	1416 NW Ave G	Belle Glade, Fl 33430
DS	Caridad M Hernandez	4293 Kent Ave	Lake Worth, Fl 33461

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: _____ 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #