
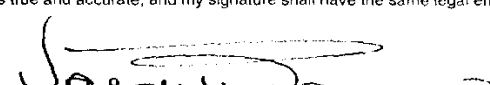


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43075 1. Corporation Name CENTRO CRISTIANO VIDA EN ABUNDANCIA A/G, INC.			
Principal Place of Business		Mailing Address	
2840 NW 55 AVENUE, # 2B LAUDERHILL, FL 33313		2840 NW 55 AVENUE, # 2B LAUDERHILL, FL 33313	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1055 NE MIAMI GARDENS DR Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 1055 NE MIAMI GARDENS DR Suite, Apt. #, etc.	
City & State NORTH MIAMI, FLORIDA Zip 33179 Country MIAMI-DADE		City & State NORTH MIAMI, FLORIDA Zip 33179 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 04-19-1991			
5. FEI Number 65-0266595			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	CORREA, PAULO ALVES	2840 NW 55 AVENUE, # 2B	LAUDERHILL, FLORIDA 33313
VP	CORREA, ELIANE DACRUZ	2840 NW 55 AVENUE, # 2B	LAUDERHILL, FLORIDA 33313
TS	ROMERO, VALDETE	1900 S. TREASURE DR, # 6P	N BAY VILLAGE, FL 33141
8. Name and Address of Current Registered Agent CORREA, PAULO A 2840 NW 55 AVENUE, # 2B LAUDERHILL, FLORIDA 33313			
9. Name and Address of New Registered Agent ROMERO, VALDETE 1900 S. TREASURE DRIVE # 06P N BAY VILLAGE State FL Zip Code 33141			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent		Date 01-22-99	
 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
12. 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)(j), 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: 		T/S 01-22-99 (305)949-2143	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

55 JUN 25 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-99

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