PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 FEB 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45642

1. Corporation Name

CONGREGACION MITA DE FLORIDA, INC.

2. Principal Office Address		**3.** Mailing Office Address	
304 West Lancaster		304 West	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Road Side B		Lancaster Road	
City & State		City & State	
Orlando, FL		Orlando, FL	
Zip	Country	Zip	Country
32809	Orange	32809	Orange

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida 10/16/1991 SP

5. FEI Number 59-3092641 | 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: Ismael Soto

500003810945--5
-03/08/01--01002--029
****420.00 ****420.00

Street Address (P.O. Box Number is Not Acceptable): 304 West Lancaster Road

500003810945--5
-03/08/01--01002--030
******8.75 ******8.75

Suite, Apt. #, Etc.: Side B

City: Orlando, FL | State: FL | Zip Code: 32809

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: Ismael Soto — Date: 2/27/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	Jose A. Montero	1199 Wakula Way	Orlando, FL
DV	Guillermo Torres	4213 Monarch DR.	Orlando, FL
DS	Milagros Montero	1199 Wakula Way	Orlando, FL
DT	David Torres	8 Prairie Fox LN, 3650	Orlando, FL
D	Elda Sara Ortiz	9618 6TH AVE.	Orlando, FL

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: Jose A Montero PP — 2/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #