


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

05 APR -7 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N48754

**1. Corporation Name**  
York Memorial United Methodist Church, Inc.

REINSTATEMENT 95-05  
BP

<b>2. Principal Office Address</b> 2491 NE 186 Street Suite, Apt. #, etc. City & State North Miami, Florida Zip 33180		<b>3. Mailing Office Address</b> 2850 SW 27th Avenue Suite, Apt. #, etc. City & State Miami, FL Zip 33133	
Country USA		Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 5/07/1992	
<b>5. FEI Number</b> 591730769	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

<b>Name</b> Dr. E. Keith Ewing	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6000 Maynada	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> Coral Gables	<b>State</b> FL
<b>Zip Code</b> 33146	

**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]*  
REGISTERED AGENT MUST SIGN

**Date**

*3/21/05*

**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
D	Gustavo A. Betancourt	2850 SW 27th Avenue	Miami, FL 33133
T	Carlos Otero	622 N Krome Ave	Homestead, FL 33030
T	Rosemary Rotolo	2850 SW 27th Avenue	Miami, FL 33133
T	Marcus Zillman	4901 Biltmore Dr.	Coral Gables 33146

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo A. Betancourt 4/04/05 305-445-9136

**Date**

**Daytime Phone #**

CR2E081 (01/05)