

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	<p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>FILED</p> <p>97 MAY -9 PM 3:49</p>
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Read Instructions on Other Side Before Making Entry
 Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # N93000002215**

Señales de Vida Ministerio Cristiano, Inc.

9610 West Heather Lane

Miramar, Florida 33025

REINSTATEMENT *95-011*

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Address _____

City and State _____ Zip Code _____

3. If Principle Office Address is different from mailing address, enter address below:

Address _____

City and State _____ Zip Code _____

4. Date Incorporated or Qualified To Do Business in Florida <i>5/14/93</i>	5. FEI Number <i>65-0415122</i>	FEI Number Applied For <input checked="" type="checkbox"/>	FEI Number Not Applicable <input type="checkbox"/>	<p>\$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Rudy A. Gracia	<i>9610 West Heather Lane</i>	<i>Miramar, FL 33025</i>
S/H/D	Maria Gracia	<i>9610 West Heather Lane</i>	<i>MIRAMAR, FL 33025</i>
D	Jose A. Dominguez	"	"
D	Luis Castro	"	"
D	FRANK Pineda	"	"
D	Eduardo Tomas	"	"

<p>REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p>	<p>9. If changed, new registered agent / office</p> <p>Name <i>Rudy A. Gracia</i></p> <p>Street Address (Do NOT Use P.O. Box Number) <i>9610 West Heather Lane</i></p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City <i>MIRAMAR</i> State <i>FL.</i> Zip <i>33025</i></p>
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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 *[Signature]* Date *4/30/92*

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *[Signature]* Date *4/30/92* Daytime Phone # *(954) 433-6970*

Typed or printed name of signing officer or director _____