PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004878

1. Corporation Name
MARANATA INC. MINISTERIO de BRODERICK ESPINOZA

Principal Place of Business
391 E 8 ST
HLH FL 33010

Mailing Address
8229 NW 194 TER
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
391 E 8 ST
Suite, Apt. #, etc.
City & State
HIALEAH FL
Zip 33010 Country USA

3. New Mailing Address, If Applicable
8229 NW 194 TER
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip 33015 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
10-29-93

5. FEI Number
65-0469585
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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	
P	BRODERICK ESPINOZA	2745 W 66 ST #11	HIALEAH FL 33016	D
V	LUIS CARLOS GOMEZ	11871 SW 18 ST #1 MIAMI FLORIDA 33175	MIAMI FLORIDA 33175	D
T	ROLANDO DELGADO	8229 NW 194 TER MIAMI FL 33015	MIAMI FL 33015	D

500002033255--2
-12/19/96--01014--003
****245.00 ****245.00

REINSTATEMENT

8. Name and Address of Current Registered Agent
BRODERICK ESPINOZA
2120 NW 135 ST
MIAMI FL 33016

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E040 (12/95)

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 11-5-96
REGISTERED AGENT MUST SIGN

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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: _____ BRODERICK ESPINOZA 11-5-96 889-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #