
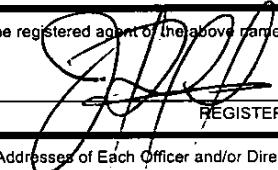
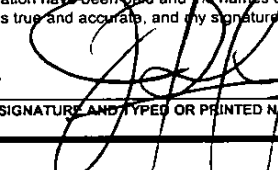


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000000745</b>			
<b>1. Corporation Name</b> IGLESIA CRISTIANA NUEVO PACTO INC.			
<b>2. Principal Office Address</b> 616 S.W. 22 AVENUE Suite, Apt. #, etc. City & State Miami, Florida Zip 33135		<b>3. Mailing Office Address</b> 616 S.W. 22 AVENUE Suite, Apt. #, etc. City & State Miami, Florida Zip 33135	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/15/1995	
		<b>5. FEI Number</b> 050563691	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name Jose Rivas			
Street Address (P.O. Box Number is Not Acceptable) 15302 SW 103 CT			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33157
<b>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.</b>			
Signature of Registered Agent 		Date 11-18-2005	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOSE RIVAS	15302 SW 103 CT	Miami, FL 33157
SD	CARMELA RIVAS	15302 SW 103 CT	Miami, FL 33157
TD	GLADYS FERNANDEZ	1520 NW 32 AVE	Miami, FL 33125
400061732864 11/28/05--01061--025 **428.75			
<b>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.</b>			
SIGNATURE: 		Date 11-18-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-962-2683	