

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 18 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-95000002506

1. Corporation Name
MINISTERIO GRACIA, FE, Y AMOR, INC
CROSS REFERENCE
MINISTRY OF GRACE, FAITH AND LOVE, INC

2. Principal Office Address
7201 NW 79th Street
Suite, Apt. #, etc.

3. Mailing Office Address
N/A
Suite, Apt. #, etc.

City & State
Medley, Florida 33166

City & State

Zip
33166

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/26/95

5. FEI Number
65-0593473

☐ 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
JOSE RIELO
Street Address (P.O. Box Number is Not Acceptable)
5517 NW 27th Avenue
Suite, Apt. #, Etc.
City
Hialeah

State
FL
Zip Code
33016

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

REGISTERED AGENT MUST SIGN

Date 09/28/2005

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	Jose Rielo	5517 West 27th Avenue	Hialeah, FL 33016
D	Arnaldo Amaya	541 NW 33rd Street	Miami, FL 33127
D	Eladio Aleman	1230 West 54th Street #304-A	Hialeah, FL 33012

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 Rielo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/2005 305 793-1697

Date

Daytime Phone #



ISHS
Immigration
Self-Help Solutions, Corp.

Teresa G. Uncal
Notary Public/Paralegal

September 28, 2005

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Reinstatement

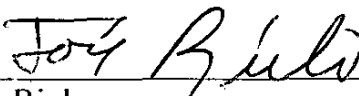
To whom it may concern:

Please be advised that I never received the 1997, annual report and due to corporation never filing the reinstatement yearly the corporation was dissolved on September 27, 1997.

WHEREFORE, at this time he would like to request that my corporation be reinstated. Enclose find the full amount needed to bring this corporation up to date.

I'll appreciate all your cooperation with this matter. I await your prompt response.

Sincerely yours,


Jose Rielo