

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN -9 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003218

1. Corporation Name  
MINISTERIO ESPERANZA DE VIDA, INC.

2. Principal Office Address  
7008 Forest City Rd.  
Orlando, FL 32810  
Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address  
P.O. BOX 607683  
Orlando, FL 32860-7683  
Suite, Apt. #, etc.

City & State

Zip

Country

300020688123  
06/09/03--01085--005 \*\*300.00

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida June 1995

5. FEI Number 59-3325691  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$375 Additional Fee required for a Certificate of Status

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

Name  
MILDRED WRIGHT

Street Address (P.O. Box Number is Not Acceptable)  
12729 WOODBURY GLEN DRIVE

Suite, Apt. #, Etc.

City  
ORLANDO

State Zip Code  
FL 32828

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 *Mildred R. Wright*  
REGISTERED AGENT MUST SIGN

Date 2/18/2003

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	MARITZA GONZALEZ	6792 BRITTANY CHASE CT.	ORLANDO, FL 32810
V	LUZ REYES	1979 BRANCHWATER TRAIL	ORLANDO, FL 32825
S	MILDRED WRIGHT	12729 WOODBURY GLEN DR.	ORLANDO, FL 32828
T	ARIEL SALGADO	5590 CENTURY 21 BLVD. APT. 125	ORLANDO, FL 32807
T	TANYA CEPERO	400 CENTRAL FLORIDA BL	ORLANDO, FL 32816
T	ARLEEN V. SANTOS	687 CARIBOU COURT	APOPKA, FL 32703

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: *Maritza Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARITZA GONZALEZ

(407) 293-5937

Date

Daytime Phone #

CR2E081 (10/02)