

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004143

1. Corporation Name

IGLESIA DE CRISTO MIEL GENESIS SHALOM, INC.
(CHURCH OF CHRIST MIEL GENESIS SHALOM, INC.)

2. Principal Office Address

1591 WILSON BLVD N

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip Country
34120 USA

3. Mailing Office Address

1591 WILSON BLVD N

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip Country
34120 USA

REINSTATEMENT

2001

4. Date Incorporated or Qualified To Do Business in Florida

08/07/96

5. FEI Number
65-0686278

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

VICTOR E. LEONI

Street Address (P.O. Box Number is Not Acceptable)

1591 WILSON BLVD N

Suite, Apt. #, Etc.

City

NAPLES

100004690241--6

11/21/01-0101--004

***245.00 ***245.00

State
FL

Zip Code
34120

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

[Signature]

Date 10-25-2001

REGISTERED AGENT MUST SIGN

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
DP	VICTOR E. LEONI	1591 WILSON BLVD N	NAPLES, FL.
DVP	XIOMARA B. LEONI	1591 WILSON BLVD N	NAPLES, FL
T	ALVIN PEREZ	1591 WILSON BLVD N	NAPLES, FL

LS

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/25/01 (941) 3525216

Daytime Phone #

CR2E081 (8/00)