


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N96000004870</b>	
1. Entity Name <b>IGLESIA VIDA ABUNDANTE INC.</b>	

Principal Place of Business <b>4568 COMMERCIAL WAY SPRING HILL, FL 34606 US</b>	Mailing Address <b>14176 CORTEZ BLVD BROOKSVILLE, FL 34613 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2977 Commercial Way</b>	3. Mailing Address <b>2977 Commercial Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Spring Hill, FL</b>	City & State <b>Spring Hill, FL</b>
Zip <b>34606</b>	Country <b>Hernando</b>
Zip <b>34606</b>	Country <b>Hernando</b>

**REINSTATEMENT** 07-08

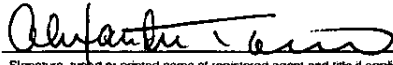
01069808 REINSTATE 002E099 (1/07)

4. FEI Number <b>APPLIED FOR 26-1909984</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>TORRES, ALEXANDER 2465 FAIRVIEW RD SPRING HILL, FL 34609</b>	

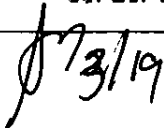
7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State <b>FL</b> Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE:  DATE: **2/6/08**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, ALEXANDER 2465 FAIRVIEW ROAD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800121333468</b> <b>03/26/08--01028--015 **131.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORRES, MARTHA 2465 FAIRVIEW RD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLE, YVONNE 11112 HEATHWOOD AVE SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDRICK, LUZ M 16119 PEACH ORCHARD ROAD BROOKSVILLE, FL 34614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBRON, ANTONIO 7318 SCORE STREET SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **2/6/08** 3526887122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR