PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005819

1. Corporation Name
Iglesia Cristiana Casa de Refugio Inc. / of the Christian Missionary Alliance
ref # N96000005819

REINSTATEMENT 00-01
07/20/00 90024 021 $70.00

2. Principal Office Address	**3.** Mailing Office Address
14577 Southern Blvd.	P.O Box 19594
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee, Florida	City & State: West Palm Beach, Fl
Zip: 33470 Country: West Palm	Zip: 33416 Country: West Palm

4. Date Incorporated or Qualified To Do Business in Florida: 11-7-96

5. FEI Number: EIN # 65-1084153 ☐ 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: Francisco O. Monzon
200004077402--6
-04/25/01--01064--001
****236.25 ****236.25
Street Address (P.O. Box Number is Not Acceptable): 3644 Walden Lane
Suite, Apt. #, Etc.: West Palm Beach
City: West Palm Beach | State: FL | Zip Code: 33406

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: X _____ Date: 3-22-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	Francisco O. Monzon	3644 Walden Lane	West Palm Beach, Fl 33406
D	Ani Lugo	1125 Grandview Circle	Royal Palm Beach, Fl 33411
D	Nereida De Jesus	13044 44th Place N	Royal Palm Beach, Fl 33411

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: X _____ 3-22-01 (561) 753-3196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #