PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS GORM.

REINSTATEMENT Composition of Corporations Composition of Corporations	AN ORIDA DEPARTMENT OF THE						SECRETARY OF STATE DIVILITY COMPONITIONS			
1. Corporation Name IGLESIA PRINCIPE DE PAZ LA SENDA ANTIGUA, INC. 2. Principal Office Address 32.06 NW 2 MV. 4. Date incorporated or Cutalfood 70.00 Business in Florida 70.										
3. Mailing Office Address 3.2.OL NW 2 AV. Suite. Apt. #, etc. City & State M) AMI, FL Minami, FL To Do Business in Florida Out/16/97 S. FEI Number 65 - 087 04821 Applied For 65 - 087 04821 Not Applicable The Country Office Address of Current Registered Agent Name VECA, ANTONIA Street Address PO. Box Number is Not Acceptably 440 Street Address PO. Box Number is Not Acceptably A440 Street Address PO. Box Number is Not Acceptably A440 Registered Agent	1. Corporation Name									
32.06 NW 2 N. 32.06 NW 2 NV . 32.06 NV . NV . 32.06 NV . NV	ANTIGUA, INC.									
City & State MIAMI, FL Country 33127 Country Spaniary Country Country Country Street Address (PC Box Number is Not Acceptable) A440 E Street Address of Each Officer and or Director (Piorda nonprofit corporations must list at least 3 directors) Name of Officer and or Director (Piorda nonprofit corporations must list at least 3 directors) Name of Officer and or Director (Piorda nonprofit corporations must list at least 3 directors) Name of Officer and or Director (Piorda nonprofit corporations must list at least 3 directors) Name of Officer and or Director (Piorda nonprofit corporations must list at least 3 directors) Name of Officer and or Director (Piorda nonprofit corporations must list at least 3 directors) Name of Officer and or Director (Piorda nonprofit co	2. Principal Office Address 3206 NW 2 AV. 3206			NW 2	™ AV					
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7. Name and Address of Current Registered Agent Name VEGA, ANTONIA Street Address (P.O. Box Number is Not Acceptable) 440 E 23 STREET City HIALEAH REGISTERED AGENT MUST SIGN PREGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN PVEGA, ANTONIA Signature of Registered Agent and Street Address of Each Officer and/or Directors Name of Officers and/or Direc	.					5. FEI Numbe	Number Applied For -0804821 Not Applicable			
Name VEGA, ANTONIA Street Address (P.O. Box Number is Not Acceptable) A40 E 23 STREET Suite, Apt. #, Etc. City HI ALE AH REGISTERED AGENT MUST SIGN 1. 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 1. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) FINAME of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) AROCH, ANTONIA 440 E. 23 STREET HIALEAH, FL 33013 STREET, EULOGIA SANDRA 2375 NW 31 STREET MIAMI, FL 33142 D AROCH, PABLO DE JESUS 10011 NW 26 AV. MIAMI, FL 33147 D AROCH, OLGA LIDIA 10011 NW 26 AV. MIAMI, FL 33147 D CABRERA, OCTAVIO DE JESUS 1842 NW 35 STREET MIAMI, FL 33142 D CABRERA, DORA ALICIA 1842 NW 35 STREET MIAMI, FL 33142 10.1 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	3312	27 Country S	. '	I .		6. CERTIFICATE	OF STATUS DESIRED [
Street Address (P.O. Box Number is Not Accoptable) A+O E 23° STREET ******122.50 *******122.50 Suite, Apt. #, Etc. City HI ALE AH FL Zig. Code 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 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 Officer and/or Director Titles Officers and/or Directors Street Address of Each Officer and/or Director Name of Officers and/or Directors Officer and/or Director Name of Officers and/or Director Name of Name of Officers and/or Director Name of Name of Officers and/or Director Name of Na			7. Name	e and Address o	of Current Registe	red Agent				
Street Address (P.O. Box Number is Not Accoptable) #####122.50 ###################################		Name 1/E/CA ANTONIA 9000051729391								
City HIALEAH State Zip.Code 33013 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 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 Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) P VEGA, ANTONIA 440 E. 23 STREET HIALEAH, FL 33013 S/T REREZ, EULOGIA SANDRA 2375 NW 31 STREET MIAMI, FL 33142 D AROCH, PABLO DE JESUS 10011 NW 26 AV. MIAMI, FL 33147 D AROCH, OLGA LIDIA 10011 NW 26 AV. MIAMI, FL 33147 D CABRERA, OCTAVIO DE JESUS 1842 NW 35 STREET MIAMI, FL 33142 D CABRERA, DORA ALICIA 1842 NW 35 STREET MIAMI, FL 33142		Street Address (P.O. Box Number is No.	ot Acceptable) 5	TREE	T					
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Signature of Registered Agent		City HIALEAH					State Zip Code	513		
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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 filling	۵						•	FL	33142_	
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.										
2/26/02										
SIGNATURE: 1970 Conde	SIGNATURE:									