PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 19 PM 3:46

FILING CANCELLED
RETURNED CHECK

200181108562
05/20/10--01001--004 **787.50

CR2E091 (11/09)

DOCUMENT # N97000001604

1. Corporation Name

THE CATHOLIC CHARISMATIC CHURCH IN AMERICA, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
300 NW 10TH AVENUE		300 NW 10TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33125	Country: USA	Zip: 33125	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/17/1997

5. FEI Number: [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ENRIQUE VALENZUELA

Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVENUE

Suite, Apt. #, Etc.: 8TH FLOOR

City: MIAMI State: FL Zip Code: 33131

B 5/19/10
01-10
REINSTATEMENT

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 04/16/2010

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
P	JESUS LEDON	75 NW 47 AVENUE	MIAMI FL 33126
VP/S	ISH AMADO	75 NW 47 AVENUE	MIAMI FL 33126
T	J. MIGUEL MUNOZ	75 NW 47 AVENUE	MIAMI FL 33126
AT	RAFAEL LAURENTI	75 NW 47 AVENUE	MIAMI FL 33126
AS	FABIAN GARZON	75 NW 47 AVENUE	MIAMI FL 33126

10. E-mail Address: valenzuelapa@att.net
(To be used for future annual report notification)

11. 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. I further certify, 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] 04/16/2010 (305)255-5539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #