PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUN 28 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002026

1. Corporation Name
EL CANDELERO MISSIONARY Ministries, INC

2. Principal Office Address	3. Mailing Office Address
2394 Powers Dr.	P.O. Box 585214
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32818 Country: USA	Zip: 32858-5214 Country: USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida: 4-9-97

5. FEI Number: 59-3443449 ☐ 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

400004475654--8
-07/16/01--01003--011
****428.75 ****428.75

Name: Jenny Torres
Street Address (P.O. Box Number is Not Acceptable): 2394 Powers Dr.
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32818

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: Jenny Torres — REGISTERED AGENT MUST SIGN Date: 6-20-01

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) LS

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Javier Torres	2394 Powers DR.	ORLANDO FL 32818
V/D	OLGA I. Figueroa	608 20th St.	ORLANDO, FL 32805
S/D	Bertaliz Merced	9808 Cypress Park Dr.	ORLANDO, FL 32824
T/D	Manuel A. Vazquez	9808 Cypress Park Dr.	Orlando, FL 32824
D	Primitivo Rodriguez	3706 Ravenwood AV	Orlando, FL 32839
D	Julia Torres	104 N. Hiawasseerd.	Orlando, FL 32835

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: Javier Torres 6/20/01 (407) 448-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #