

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT		FLORIDA DEPARTMENT OF STATE 98-99 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000007189		FILED 99 APR 16 PM 3:22 TALLAHASSEE, FLORIDA	
1. Corporation Name <b>MISSION "BUEN SAMARITANO", INC. MINISTERIO JESUCRISTO ES EL CAMINO</b>			
Principal Place of Business 7831 SHERIDAN STREET HOLLYWOOD FL 33024-2535		Mailing Address 7831 SHERIDAN STREET HOLLYWOOD FL 33024-2535	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 12/29/1897	
		5. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
DP	BERDION, ANTONIO	4440 SW 1 ST.	MIAMI FL 33141.25 ****131.25
DS	WINSTON, SARA R	7831 SHERIDAN STREET	HOLLYWOOD FL 33024
D	<del>APARCIO, ROGER</del> ELSIE BERENGUEZ	<del>9501 FOUNTAINBLEU MILTON BLVD</del> 8440 S.W. 8 Street	MIAMI FL 33172 Miri, FL 33144
DV	<del>APARCIO, NOEM</del>	<del>9501 FOUNTAINBLEU MILTON BLVD</del>	MIAMI FL 33172
DT	FARNSWORTH, IVONNE	12251 SW 28 ST.	MIAMI FL 33175
			100002842601-6 -04/23/99-01007-018 ****122.50 ****122.50
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WINSTON, SARA R 7831 SHERIDAN STREET HOLLYWOOD FL 33024-2535		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: <i>Sam Rachel Skinsten</i> Date: 1/5/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>Sam Rachel Skinsten</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/5/99 (954) 966-2315	

CR2040 (9/98)