PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 19 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000000775

1. Corporation Name

NATIONAL LUTHERAN SOCIETY
FOR HISPANIC MISSIONS, INC.

REINSTATEMENT 99-10

2. Principal Office Address	3. Mailing Office Address
9041 S.W. 88 ST. MIAMI, FLORIDA 33176	9041 S.W.88 STREET MIAMI, FLORIDA 33178
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/10/98

5. FEI Number: 31-1657907 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ROBERTO A. GODOY, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 782 N.W. LE JEUNE ROAD

Suite, Apt. #, Etc.: 439

City: MIAMI State: FL Zip Code: 33126

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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: Roberto A. Godoy — REGISTERED AGENT MUST SIGN

Date: OCTOBER 16, 2000

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	DURKOVIC, JOHN G. REV.	2502 N. TUSTN APT. # 4	SANTA ANA CA 92705
D	GODOY, LETICIA I.	9041 KENDALL DRIVE	MIAMI, FL. 33176
D	MACARINO, AURELIO REV.	10225 DOUGLAS AVE.	SILVER SPRINGS MD 20902
D	ORTIZ, LUIS REV.	1272 DE CUNHA CT.	SALINAS CA 93906

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: Leticia I. Godoy. LETICIA I GODOY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000 — Date

305-541-8320 — Daytime Phone #

KE