

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -6 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000897

1. Corporation Name
Iglesia Cristiana fuente de Union INC.

2. Principal Office Address
205 S 14 St.

3. Mailing Office Address
P.O. Box 3046

City & State
Haines City FL.

City & State
Haines City FL.

Zip Country
33844 Polk

Zip Country
33845 Polk

REINSTATEMENT 01-07

4. Date Incorporated or Qualified To Do Business in Florida
2/13/98

5. FEI Number
36-4218615

6. CERTIFICATE OF STATUS DESIRED **\$38.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Pedro A. Malave

Street Address (P.O. Box Number is Not Acceptable)
124 Arlington Ct.

Suite, Apt. #, Etc.

City
Haines City

State
FL

Zip Code
33844

300020567003
06/06/03--01057--006 **367.50

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
Pedro A. Malave

REGISTERED AGENT MUST SIGN

Date
6/3/03

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
<u>Pastor</u>	<u>Pedro A. Malave</u>	<u>124 Arlington Ct</u>	<u>Haines City FL 33844</u>
<u>Sec.</u>	<u>Elizabeth Malave</u>	<u>124 Arlington Ct.</u>	<u>Haines City FL 33844</u>
<u>Tes.</u>	<u>Grace Malave</u>	<u>119 S 20 St.</u>	<u>Haines City FL 33844</u>
<u>Off.</u>	<u>Emilia Rodriguez</u>	<u>3638 E. Johnson ave.</u>	<u>Haines City FL. 33844</u>
<u>Off.</u>	<u>Pedro Malave Senior</u>	<u>1612 Robinson Drive</u>	<u>Haines City FL. 33844</u>

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: Pedro A. Malave 6/3/03 863-422-7526

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

CR2E081 (10/02)