PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 AUG 15 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N98000002864

1. Corporation Name
Iglesia De Cristo "Su Poder En Acción"

KA

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
719 Prado Circle	3330 Northside Dr.
Suite, Apt. #, etc. B	Suite, Apt. #, etc. #1402
City & State Key West, FL.	City & State Key West, FL.
Zip 33040	Country USA
Zip 33040	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: May 19, ~~1998~~

5. FEI Number: 65-0877178 ☐ 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

Name: JOANN CARRION

Street Address (P.O. Box Number is Not Acceptable): 3330 Northside DR.,

Suite, Apt. #, Etc.: #402

City: Key West. | State: FL | Zip Code: 33040

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: Joann Carrion — Date: 8-14-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	Luciano Miranda	3330 Northside Dr. #402	Key West, FL 33040
D	Ariel L. Hernandez	3330 Northside Dr, #324	Key West, FL. 33040
D	JOANN CARRION	3330 Northside Dr, #402	Key West, FL 33040
			000004536570--7 -08/15/01--01018--017
			****253.75 ****245.00

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: Joann Carrion — JOANN CARRION — 8-14-01 — (305)295-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #