

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 16 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # N98000005495

1. Corporation Name

Iglesia Pentecostal Fuente de Vida  
C.L.A., Inc.

100021588051  
07/16/03--01028--002 \*\*358.75

REINSTATEMENT 01-03

2. Principal Office Address 5840 WASHINGTON St. Suite, Apt. #, etc.		3. Mailing Office Address 5840 WASHINGTON St. Suite, Apt. #, etc.	
City & State Hollywood		City & State Hollywood FL	
Zip FL	Country Broward	Zip 33020	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida SP 2/1/98		Applied For
5. FEI Number 05-0662954		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name	HECTOR L. SOTO
Street Address (P.O. Bx Number is Not Acceptable)	940 N. 66 AV.
Suite, Apt. #, Etc.	
City	Hollywood
State	FL
Zip Code	33021

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 <i>Hector L. Soto</i> REGISTERED AGENT MUST SIGN	Date 7-8-03
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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
President	Hector L. Soto	940 N. 66 AV.	Hollywood FL 33021
Treasurer	Esabel Pomales	4200 Shendora St.	Hollywood FL 33021
Treasurer	Lidia Melendez	111 NW 85th # B6	Hallandale FL 33009
Secretary	Nelida Ordoñez	2307 S.W. 30 CT.	Hallandale FL 33009
Secretary	Zayda Pomales	4200 Shendora St.	Hollywood FL 33021
Trustee	Herman Reyes	10851 SW. 275th	Miramar FL 33027
Trustee	Esther Bone		

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: <i>Hector L. Soto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7-8-03	Daytime Phone #
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CR2E081 (9/01)