Mary Jagen	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT	OF STATE FILED	
CORPORATION • Kathorine Harri	S .	
REINSTATEMENT Secretary of State DIVISION OF CORPORATE	■ UTTHE Z   CTL 3+ 34	
DOCUMENT # N 9 9000000 907	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Europaration Name Tologia y Ministerio Evangelis	stico-	
Iglesia y Ministerio Evongelis Ebenezer, Inc.		
2. Principal Office Address 3. Mailing Office Address	zado M	
4436-Paim-Beach Blue 12926 Third Suite, Apt. #, etc. Suite, Apt. #, etc.	REINSTATEMENT WOOL	
Fort Myers Fla. Fort Myers	4. Date Incorporated or Qualified To Do Business in Florida Leb. 10 1999	
Fa lyers, fort lyers +	5. FEI Number Applied For Not Applicable	
33905 lee Country 33908 Lee	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent		
Formas David Moncia 200004432522-1 -06/20/01-01054-006 -06/20/01-01054-006 -06/20/01-01054-006 ******61.50 ************************************		
Folt myers fla.	****244.75 ****244.75   State   Zip Code   FL   33910	
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 Date 04 19 0 / REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
	t Address of Each er and/or Director ¿City / State / Zip	
Say Marta Cruzado 12926T	hird st HMYers Fla 33905	
Des. Tomas David Marca 40221	Winkler AMERT Ft Myers 33916	
T-Pres. Migdalina Mancia 4022 W.	nkler Ane. Ext. Ft Myers 33916.	
(		
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: TOMAS D MAN CIA STANDARD OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		