

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004-2002, 2003

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000001297**

1. Corporation Name

VASO NOVO CHRISTIAN MINISTRY, INC

N9900000 1297

2. Principal Office Address

9738 NW 5 Terr

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

3. Mailing Office Address

9738 NW 5 Terr

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-02-1999

5. FEI Number

65-0905584

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

Eliezer Taveras

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

9738 NW 5 Terr

Suite, Apt. #, Etc.

City

MIAMI

400021407434
03/03/03-01003-007 **52.50
State Zip Code
FL 33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **06-27-03**

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
PD	Eliezer Taveras	9738 NW 5 Terr	Miami FL 33172
S	Valeria Taveras	9738 NW 5 Terr	Miami, FL 33172
T	Damaris Marty	20200 W Country Club Dr # 105	Aventura, FL 33180
			T. Lewis 9/9/03

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:

[Signature]

Eliezer Taveras - PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-26-03

Date

(305) 225-6803

Daytime Phone #