PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 06 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001675

1. Corporation Name

ORGANIZACION DE IGLESIAS EVANGELICAS TORRE FUERTE, INC

500026170125
01/06/04--01062--013 **175.00
11/24/03 01018 006 $61.25
500026170125
01/06/04--01062--012 **61.25

2. Principal Office Address		**3.** Mailing Office Address	
2611 NW 21 TERRACE		2611 NW 21 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State: MIAMI, FLORIDA	
Zip: 33142	Country: USA	Zip: 33142	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0903054 ☐ 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: ROBERTO REYES REINSTATEMENT 03-04

Street Address (P.O. Box Number is Not Acceptable): 3128 NW FLAGLER TERRACE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33125

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 01-01-2004

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	ROBERTO REYES	3128 NW FLAGLER TERRACE	MIAMI FLORIDA 33125
DV	IGOR SOLIS	1151 SW 130 AVE	MIAMI FLORIDA 33134
DT	MANUEL ZAMORA	231 NW 60 CT	MIAMI FLORIDA 33216
SD	GILDA E. CASTILLO	251 N 34 TERRACE APT # 3	MIAMI FLORIDA 33127
DV	MIIGUEL A ROMERO	1897 SW 22 ST # 11	MIAMI FLORIDA 33145

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: _____ 01-01-2004 305-643-2696

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