PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 30 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300081790032
11/30/05--01032--006 **717.50

REINSTATEMENT 00-05

DOCUMENT # N99000002115

1. Corporation Name
ILE-TITUM CHURCH OF IFA, USA INC

2. Principal Office Address	3. Mailing Office Address
28501 SW 152 AVE	28501 SW 152 AVE
Suite, Apt. #, etc.: LOT 272	Suite, Apt. #, etc.: LOT 272
City & State: HOMESTEAD, FLORIDA	City & State: HOMESTEAD, FLORIDA
Zip: 33033 Country: DADE	Zip: 33033 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1999

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name: LORIGA, FRANCISCO O, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 28501 SW 152 AVE
Suite, Apt. #, Etc.: LOT 272
City: HOMESTEAD, State: FL Zip Code: 33033

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: Francisco O Loriga Date: 11/22/2005
REGISTERED AGENT MUST SIGN

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	MEDINA, JOSE M	96401 OVERSEAD HWY #6	KEY LARGO, FL 33037
VD	GOMEZ, LAZARO	5175 NW 1ST STREET	MIAMI, FLA
TD	RUBIO, JOSE A	1000 SW 94TH STREET	MIAMI, FLA
S	PACHECO, JOSE P	28501 SW 152 AVE	HOMESTEAD, FLORIDA

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: JOSE M. MEDINA 11/22/2005 305-969-8541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #