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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000005465

1. Corporation name
Ministerios Koinonia (Nueva Vida), Inc.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
10520 Henderson RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL.	City & State: FL.
Zip: 33625 Country: Hillsborough	Zip: Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 593593306 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Rev. Yolanda Ajo (President)
Street Address (P.O. Box Number is Not Acceptable): 10520 Henderson RD
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33625

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Pres. Date: 7-16-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sec	MARIA L. RAMOS	9209 W. Robson Street	TAMPA, FL. 33615
Treas	CLARA M. SYVESTRE	8509 Fox Hall DR.	TAMPA, FL. 33615
Dir	John Zerda	22314 Yacht Club Terrace Land-o-Lakes, Fl. 33639	Land-o-Lakes Fl 33639
P	Rev. Yolanda Ajo	10520 Henderson Rd	Tampa, FL 33625

10. I certify that I am an officer or director of the corporation 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 complete, and the signature shall have the same legal effect as if made under oath.

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SIGNATURE: [signature] (Yolanda Ajo pres.) 7-16-04 629-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

MINISTERIOS KOINONIA (NUEVA VIDA), INC.

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