

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 FEB 27 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300013173763
02/27/03--01083--015 **306.25

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000006276			
1. Corporation Name Ministerio Pan de Vida Inc.			
2. Principal Office Address 201 Bridgers Ave. E. Suite, Apt. #, etc.		3. Mailing Office Address 201 Bridgers Ave. EI Suite, Apt. #, etc.	
City & State Auburndale, FL		City & State Auburndale, FL	
Zip 33823	Country Polk	Zip 33823	Country Polk
4. Date Incorporated or Qualified To Do Business in Florida 10-20-99		5. FEI Number 593610270	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: **Maria Perez**

Street Address (P.O. Box Number is Not Acceptable): **1121 29th St. N.W.**

Suite, Apt. #, Etc.:

City: **Winter Haven,** State: **FL** Zip Code: **33881**

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: *Maria Perez* Date: **2-13-2003**

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	Maria Perez	1121 29th st. N.W.	Winter Haven, FL 33881
VD	Lino Perez	1121 29th st. N.W.	Winter Haven, FL 33881
TD	Maria Gonzalez	9585 Shreck Rd.	Bartow, FL 33830
SD	Sol Manzano	1203 32nd. st. N.W.	Winter Haven, FL 33881
VD	Armando Pomanes	3580 Ave O NW	Winter Haven, FL 33881

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: *Maria Perez* **maria Perez** Date: **2-13-2003** Daytime Phone #: **(863) 294-3702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

gs 2/25