

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 AM 10:19

DOCUMENT # N99000006371

1. Corporation Name

IGLESIA EVANGELICA NUEVA VIDA, INC.

Principal Place of Business

Mailing Address

1026-41 ST.
 SARASOTA FL 34234

1026-41 ST.
 SARASOTA FL 34234



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

01-30-01 90021 030 \$625

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

FD # 65-101-3730

Applied For

Not-Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | CESPEDES, ISMAEL DE | 1026-41 ST. | SARASOTA FL 34234 |
| D | DECESPEDES, MAYRA | 1026 41ST | SARASOTA FL 34234 |
| D | VASQUEZ, JOSEPA | 1026 41 ST | SARASOTA FL 34234 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

CESPEDES, ISMAEL DE
 1026-41 ST.
 SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State _____ Zip Code _____
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-19-01

11. 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 and Typed or Printed Name of Signing Officer or Director: Ismael de Cespedes

Date: 10-19-01 (941) 365-8911

Daytime Phone #

CR26040 (8/01)