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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006371

1. Corporation Name
IGLESIA EVANGELICA NUEVA VIDA, INC.

2. Principal Office Address: 1026-41 ST
3. Mailing Office Address: 692 W 29 ST

Suite, Apt. #, etc. #9

City & State: SARASOTA, FLORIDA / HIALEAH, FLORIDA

Zip: 34234 USA / 33012 USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/1999

5. FEI Number: 651013730

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

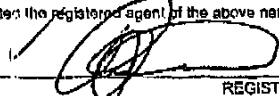
Name: ROSA ALBEJALES

Street Address (P.O. Box Number is Not Acceptable): 10000 NW 80 CT

Suite, Apt. #, Etc.

City: HIALEAH GARDENS State: FL Zip Code: 33016

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: 06/06/2006

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
P	ENCARNACION, AMBROSIO M	2591 APACHE ST	SARASOTA, FL 34231
D	DECESPEDES, MAYRA	2528 RIDGE AVE	SARASOTA, FL 34235
T	MORALES, FELIX	2528 RIDGE AVE	SARASOTA, FL 34235
S	FORENZA, AIDE	1074 N. JEFFERSON AVE	SARASOTA, FL 34237
D	AYALA, DIEGO	4597 BROOKSDALE	SARASOTA, FL 34232

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:  AMBROSIO M. ENCARNACION Date: 06/06/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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Basic

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From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT
IGLESIA EVANGELICA NUEVA VIDA, INC.

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