

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

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.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/18/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-1013730	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



300016671843
 04/22/03--01061--023 **306.25

FILED
 03 APR 22 PM 2:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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	1026-41 ST 2528 Ridge Ave.	SARASOTA FL 34234-5 34235
D T	VASQUEZ, JOSEPA Felix Morales	1026-41 ST 2528 Ridge Ave.	SARASOTA FL 34234 34235
S	Aide Forenza	1074 N. Jefferson Ave.	Sarasota FL 34237
D	Diego Ayala	4597 Brooksdale	Sarasota FL 34232
A	Ambrosio M. Encarnacion	2591 Apache st.	Sarasota FL 34231

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
 Ambrosio M. Encarnacion
 Street Address (P.O. box number is Not Accepted)
 2591 Apache St
 Suite, Apt. #, Etc.
 City Sarasota
 State FL Zip Code 34231

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

REINSTATEMENT 02-03 TS

Date 04/15/03

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: AIDE FORENZA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/02)