

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 19 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 32362

1. Corporation Name

LABORATORIO DE CIENCIAS
ESPIRITUALES INC.

W07-55279

700112049587
11/06/07--01061--006 **300.00
10/03/05 01055 016 \$750.00

REINSTATEMENT 01-07

2. Principal Office Address - No P.O. Box #

1901 WEST FLAGLER

3. Mailing Office Address

1901 WEST FLAGLER

Suite, Apt. #, etc.

#11

Suite, Apt. #, etc.

#11

City & State

MIAMI FLORIDA

City & State

MIAMI, FL

Zip

33135

Country

DADE

Zip

33135

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

03-29-2000

5. FEI Number

65-0999997

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ZENAIDA MONTALVAN

Street Address (P.O. Box Number is Not Acceptable)

5828 S.W. 3 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/01/07

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
V	LEODIGILDO CABALE	5828 S.W. 3 ST.	MIAMI FL 33134
T	RAFAEL LEON	5828 S.W. 3 ST.	MIAMI FL 33134
S	RAUL PIMENTEL	5828 S.W. 3 ST.	MIAMI FL 33134
P	ZENAIDA MONTALVAN	5828 SW 3 ST	MIAMI FL 33134
			11/27

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/07

Date

305-449-5874

Daytime Phone #