PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV -7 PM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098427

1. Corporation Name
International New Life Institute Inc.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
8701 Collins Ave	8701 Collins Ave
Suite, Apt. #, etc. LL	Suite, Apt. #, etc. LL
City & State Miami Beach	City & State Miami Beach
Zip 33154 Country US	Zip 33154 Country US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0795219 ☐ 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: Lucy Madariaga

300006119357

Street Address (P.O. Box Number is Not Acceptable): 8701 Collins Ave

11/07/05--01010--005 **43.75

Suite, Apt. #, Etc.: LL

City: Miami Beach | State: FL | Zip Code: 33154

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: Lucy Madariaga (REGISTERED AGENT MUST SIGN) Date: 11-1-05

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	Lucy Madariaga	5600 Collins Ave (12-S)	Miami Beach, 33140
SD	Sandra Madariaga	5600 Collins Ave (12-S)	Miami Beach, 33140
VP	Lucy Madariaga	5600 Collins Ave (12-S)	Miami Beach, 33140

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: Lucy Madariaga Lucy Madariaga 11-1-05 305-865-6265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 7 2005