

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 23 PM 3:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000109**

1. Corporation Name

MINISTERIO EL CAMINO, INC.

Principal Place of Business

Mailing Address

~~3286 FAIRFIELD DR~~
 KISSIMMEE FL ~~34743~~
 US

P. O. BOX 450278
 KISSIMMEE FL 34745
 US



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

10/26/1992

Suite, Apt. #, etc.

1205 Windway Circle

Suite, Apt. #, etc.

5. FEI Number

51-0323933

Applied For

City & State

City & State

Not Applicable

Zip

34744

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
PD	OVERSTREET-GARCIA, REBECCA D	3286 FAIRFIELD DR	KISSIMMEE FL 34743
VD	GARCIA, CESAR D	3286 FAIRFIELD DR	KISSIMMEE FL 34743
SD	MELLENDEZ, ZAIDA	7336 HOLLOW RIDGE CIRCLE	ORLANDO FL 32822

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REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OVERSTREET-GARCIA, REBECCA
~~3286 FAIRFIELD DR~~
 KISSIMMEE FL ~~34743~~

Name

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

1205 Windway Circle

Suite, Apt. #, Etc.

City

State

Zip Code

FL

34744

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

Rebecca Overstreet Garcia
 REGISTERED AGENT MUST SIGN

Date 10-16-00

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: *Rebecca Overstreet Garcia* / *Rebecca Overstreet Garcia* 10/16/00 1-800-888-3278
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/00)