


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 733308

1. Entity Name
IGLESIA EVANGELICA JESUS LA LUZ DE MUNDO INC.




FILED
04 NOV -9 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5841 LEE ST.
HOLLYWOOD, FL 33021-3840

Mailing Address
5841 LEE ST.
HOLLYWOOD, FL 33021-3840

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11022004 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0200942

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURRIEN, OTTONIEL
5841 LEE STREET
HOLLYWOOD, FL 33021


7. Name and Address of New Registered Agent

Name **Burrien, Otoniel**

Street Address (P.O. Box Number is Not Acceptable)
2215 SW 58 Ave

City **Hollywood** FL Zip Code **33023**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISCANO, JUAN P. 5841 LEE ST. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEHEMIAS, BORRIEN 5841 LEE ST. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTONUEL, BURRIEN 5841 LEE ST. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042609285 11/09/04--01096--006 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **11-03-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR