


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000002024 1. Entity Name IGLESIA DE DIOS PUERTA DEL CIELO IN LAKE WORTH, INC.	
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FILED

08 FEB 26 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 709 N. "F" STREET LAKE WORTH, FL 33460	Mailing Address 709 N. "F" STREET LAKE WORTH, FL 33460
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01252008 REINSTATEMENT (707) **07-08**

REINSTATEMENT

4. FEI Number 56-2465844	<input type="checkbox"/> Applicable For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BETANCOURT, CARLOS J 713 N "F" STREET LAKE WORTH, FL 33460	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D NIEVES, ANA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200117238382 02/06/08--01012--003 **122.50
NAME	713 N "F" STREET	NAME	
STREET ADDRESS	LAKE WORTH, FL 33460	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ARAYO, ROBERTO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5786 EDDY CT	NAME	
STREET ADDRESS	LAKE WORTH, FL 33463	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CORTES, JOSUE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5131 GRANT LN	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33415	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CARLOS Betancourt	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1318 Tropical Dr.	NAME	
STREET ADDRESS	Lake Worth, FL 33460	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rev. Carlos J. Betancourt Date: 01/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #