


**2004 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

04 DEC 29 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731439					
1. Entity Name EVANGELICAL SPANISH AMERICAN CHURCH OF HIALEAH, INC.					
Principal Place of Business 1325 W. 30 ST HIALEAH, FL 33012-4853 US		Mailing Address 1325 W. 30TH ST HIALEAH, FL 33012-4853 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, JAUN MIGUEL 4500 WEST 19TH COURT, APT D-139 HIALEAH, FL 33012			Name REINSTATEMENT		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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: <u>JUAN MIGUEL GONZALEZ</u> 12/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, JUAN MIGUEL 4500 WEST 19TH COURT, APT D-139 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUAN MIGUEL GONZALEZ 4525 W 20 AVE APT C-130 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NARANJO, JACQUELINE 8251 NW 171 ST HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEJANDRO FERNANDEZ 18875 NW 62 AVE #208 MIAMI FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAS, ESEL 15338 SW 39TH LN. MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ENRIQUE 1315 W. 29TH ST., APT 204 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043693360 12/23/04--01025--011 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTURA, ARNULFO 4569 SW 2ND TERR MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>JUAN MIGUEL GONZALEZ</u> 12/12/04 (305) 456-5626 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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