

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -9 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11022004 REIN-NP CR2E099 (6/04)

DOCUMENT # F02000000339 1. Entity Name VISION EVANGELISTIC AND MUSICAL ACTION, INC.					
Principal Place of Business PO BOX 82014 TAMPA, FL 33682			Mailing Address PO BOX 82014 TAMPA, FL 33682		
2. Principal Place of Business 8916 N. NEBRASKA AVE.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 13-3693695 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL.		City & State			
Zip 33604		Zip Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CALLE, ISAAC 223 MARHAM AVE. TAMPA, FL 33612	
7. Name and Address of New Registered Agent Name					
Street Address (P.O. Box Number is Not Acceptable) 100943224251					
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 _____ <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 \$236.25 After January 1, 2005, Fee will be \$297.50			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	P CALLE, ISAAC 223 MARHAM AVE. TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBARRACIM, PABLO 531 W. 143RD ST., #5D NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, MONSERRATE 189 ALLEN ST #16E NEW YORK, NY	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>Isaac Calle</u> Isaac Calle			Date: <u>12-1-04</u> Daytime Phone #		