2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004930

Entity Name: IGLESIA MISSIONERA, INC.

FILED Oct 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

274 CENTER ST (US-17) PIERSON, FL 32180

Current Mailing Address: New Mailing Address:

274 CENTER ST (US-17) PIERSON, FL 32180

FEI Number: 59-3110902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORTIZ, RAFAEL 111 PIQUE RD CRESCENT CITY, FL 32112 US

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.

SIGNATURE: RAFAEL ORTIZ

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

ORTIZ. RAFAEL Name: Name: 111 PIQUE RD Address: Address:

City-St-Zip: CRESCENT CITY, FL 32112 39 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

ORTIZ, RODOLFO Name: GOMEZ, MARIO Name:

Address: PO BOX 944 Address: 5045 DE LEON OAKS COURTS City-St-Zip: PIERSON, FL 32180 City-St-Zip: DE LEON SPRINGS, FL 32130

Title: () Delete Title: (X) Change () Addition

OTERO, BERNARDINO OTERO, BERNARDINO Name: Name:

4815 FAIR PORT AVE. Address: PO BOX 612 Address: City-St-Zip: CRESCENT, FL 33112 City-St-Zip: DE LEON SPRINGS, FL 32130

D

Title: () Delete Title: (X) Change () Addition Name: OTERO, ELVIRA Name: OTERO, ELVIRA

Address: PO BOX 612 Address: 4815 FAIR PORT AVE.

City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: DELEON SPRINGS, FL 32130

Title: () Delete Title: () Change () Addition ELOISA, ORTIZ Name: Name:

111 PIQUE RD Address: Address: CRESCENT CITY, FL 32112 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

GOMEZ, MARTHA Name: Name: Address: Address: 5045 DE LEON OAKS COURT DELEON SPRINGS, FL 32130 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL ORTIZ PD 10/28/2008