


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002451	
1. Entity Name ORGANIZACION MISIONERA DE IGLESIAS PENTECOSTALES, INC.	

FILED
08 NOV 24 PM 4:40
RECEIVED FOR STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4692 HOFFNER AVE ORLANDO, FL 32812	Mailing Address 1520 SUNSET VIEW CR APOPKA, FL 32703
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2. Principal Place of Business - No P.O. Box # 290 COMPETITION DR.	3. Mailing Address 176 FIESTA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11202008 REIN-NP CR2E099 (1/07)

City & State KISSIMMEE, FL.	City & State KISSIMMEE, FL.
Zip 34743	Country US.
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Zip 34743	Country US.

4. FEI Number 59-3718878	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELAZQUEZ, ANTONIO 4692 HOFFNER AVE ORLANDO, FL 32812	7. Name and Address of New Registered Agent Name: ANTONIO VELAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 1520 SUNSET VIEW CR. City: APOPKA FL Zip Code: 32703
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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 X <i>Antonio Velazquez</i> Signature, typed or printed name of registered agent and title if applicable.	11/20/08 DATE
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FILE NOW!!! FEE IS \$61.25 After January 1, 2009, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELAZQUEZ, ANTONIO 1520 SUNSET VIEW CR APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600138239546 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/24/08--01061--015 ***61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, JULIA 176 FIESTA DR. KISSIMMEE, FL 34743 <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 RODRIGUEZ, JUAN 176 FIESTA DR. KISSIMMEE, FL 34743 <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 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: X <i>Julia Diaz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/20/08 Date	Daytime Phone #
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