## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # N01000007501 FILED 1. Entity Name "LAS AMERICAS" THEOLOGICAL SEMINARY INC. 05 OCT 28 PM 9 OI Principal Place of Business Mailing Address SECRETARY OF STATE 153 HENTHORNE DR 153 HENTHORNE DR TALLAHASSEE, FLORIDA PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number 05-0528736 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORENO, GERMAN Street Address (P.O. Box Number is Not Acceptable) 153 HENTHORNE DR PALM SPRINGS, FL 33461 City Zip Code FL 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 and title if applicable. FILE NOWILL FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TETLE Change ☐ Addition MORENO, GERMAN NAME 400060993904 STREET ADDRESS 153 HENTHORNE DR STREET ADDRESS 10/28/05--01036--008 \*\*£1.25 CITY-ST-ZIP PALM SPRINGS, FL 33461 CITY-ST-ZIP n TITLE ☐ Delete TITLE ☐ Change ☐ Addition ITZA, LIBNA NAME NAME STREET ADDRESS 2853 CROSLEY DR W #E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CASTILLO, HILDA NAME STREET ADDRESS 1677 63 DR SOUTH STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition DE LEON, MAURO NAME NAME 217 SOUTH K ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change ☐ 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 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 an external like empowered. SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #