

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001339 1. Entity Name IGLESIA PENTECOSTAL MILAGRO DE DIOS, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 29 PM 2:38

REINSTATEMENT 05-06



06202006 REIN-NP. CR2E099 (11/05)

Principal Place of Business 6776 STIRLING ROAD HOLLYWOOD, FL 33024	Mailing Address P.O. BOX 120951 FT LAUDERDALE, FL 33312
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2. Principal Place of Business <i>2605 Stirling Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>7937 Meridian St</i> Suite, Apt. #, etc.
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City & State <i>FT Lauderdale</i> Zip <i>FL 33012</i>	City & State <i>MIRAMAR</i> Zip <i>FL 33023</i>
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4. FEI Number 04-3637533	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERA, LUIS 6776 STIRLING ROAD HOLLYWOOD, FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 *Luis Rivera President* 9.25.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	D <input type="checkbox"/> Delete RIVERA, LUIS PASTOR 6776 STIRLING ROAD HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 400080306824 09/29/08--01051--016 **131.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIVERA, ISaura PASTOR 6776 STIRLING ROAD HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIVERA, TRAVELIN 6776 STIRLING ROAD HOLLYWOOD, FL 33024	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 <i>Missionary</i> <i>angel Valencia</i> <i>362 NW 87 Terrace</i> <i>Plantation FL 33324</i>	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: *Luis Rivera* 9.25.06 736-6619
Signature and typed or printed name of signing officer or director Date Daytime Phone #