

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001339	
1. Entity Name IGLESIA PENTECOSTAL MILAGRO DE DIOS, INC.	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 29 PM 2:38

**REINSTATEMENT** 05-06

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 2605 Stirling Rd Suite, Apt. #, etc.	3. Mailing Address 7937 Meridian St Suite, Apt. #, etc.
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City & State FT Lauderdale Zip 7133012	Country Broward	City & State MIAMI Zip 7133023	Country Broward
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06202006 REIN-NP. CR2E099 (11/05)

6. Name and Address of Current Registered Agent RIVERA, LUIS 6776 STIRLING ROAD HOLLYWOOD, FL 33024	
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4. FEI Number 04-3637533	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, LUIS PASTOR 6776 STIRLING ROAD HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, ISAURA PASTOR 6776 STIRLING ROAD HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, TRAVELIN 6776 STIRLING ROAD HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	missionary angel Valencia 362 NW 87 Terrace Plantation FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080306824 09/29/06--01051--016 **131.25
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"/> Change <input type="checkbox"/> Addition
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"/> 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 9.25.06 736-6618  
Signature and typed or printed name of signing officer or director Date Daytime Phone #