


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 12 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001841		
1. Entity Name IGLESIA DE GRACIA INDEPENDIENTE, INC.		

Principal Place of Business 1480 SOUTHWEST 33RD STREET SUITE #2 FT. LAUDERDALE, FL 33315	Mailing Address POST OFFICE BOX 22016 FORT LAUDERDALE, FL 33335
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REINSTATEMENT *06-07*



2. Principal Place of Business <i>15223 W. Pond Woods Dr.</i>	3. Mailing Address <i>15223 W. Pond Woods Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01032007 REIN-NP CR2E099 (11/05)

City & State <i>Tampa, Florida</i>	City & State <i>Tampa, Florida</i>
Zip <i>33618</i>	Zip <i>33618</i>
Country <i>US</i>	Country <i>US</i>

4. FEI Number 02-0567661	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

6. Name and Address of Current Registered Agent TOLEDO, EZEQUIEL 1480 SW 33RD ST #2 FORT LAUDERDALE, FL 33314	
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7. Name and Address of New Registered Agent Name <i>Ezequiel Toledo</i> Street Address (P.O. Box Number is Not Acceptable) <i>15223 W. Pond Woods Dr.</i> City <i>Tampa</i> FL Zip Code <i>33618</i>	
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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 <i>Ezequiel Toledo</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLEDO, EZEQUIEL 1480 SOUTHWEST 33RD STREET SUITE 2 FORT LAUDERDALE, FL 33335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Toledo, Ezequiel</i> <i>15223 W. Pond Woods Dr.</i> <i>Tampa, Florida 33618</i> <input checked="" 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	<i>900095802019</i> <i>04/04/07--01034--004 **122.50</i> <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	<i>900095802019</i> <i>04/04/07--01034--003 **8.75</i> <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: <i>Ezequiel Toledo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>3/6/07</i>	Daytime Phone #
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