

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001965 1. Entity Name IGLESIA PENTECOSTAL JEHOVA DE LOS EJERCITOS INC.						FILED 05 FEB 21 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 705 W. HUMPHREY ST. TAMPA, FL 33604				Mailing Address 705 W. HUMPHREY ST. TAMPA, FL 33604			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>2007 Warrington Way</i>		 REINSTATEMENT 04-05 <small>03/02/2005 REINSTATEMENT FEE \$297.50 (6/04)</small>			
City & State <i>Tampa, FL</i>		City & State <i>Tampa, FL</i>					
Zip <i>33619</i>	Country	Zip <i>33619</i>	Country				
4. FEI Number 03-0432551				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent DEJESUS, JOSE ANTONIO 2007 WARRINGTON WAY TAMPA, FL 33619				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Jose Antonio De Jesus</i></u> Director <i>17 Feb. 05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$297.50			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 DEJESUS, JOSE ANTONIO 2007 WARRINGTON WAY TAMPA, FL 33619 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSADA, MILLIECENT 3545 DEL LAGO CIR. #268 TAMPA, FL 33614 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300047591499 03/02/05--01056--012 **306.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POSADA, MILLY 3545 DEL LAGO CIR. #268 TAMPA, FL 33614 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NILSER GONZALEZ 8111 N. BOULEVARD TAMPA, FL. 33604 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADE MARIA T. 1701 W. ATKINSON ST. Tampa, FL. 33604 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	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 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 all other like empowered.							
SIGNATURE: <u><i>Jose Antonio De Jesus</i></u> <i>17 Feb 05</i> 813 679-1601 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							