

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000007225

1. Entity Name
IGLESIA DE DIOS CAMINO AL CIELO IN TAMPA, INC.



Principal Place of Business
6307 SHELDON RD
TAMPA, FL 33615

Mailing Address
6307 SHELDON RD
TAMPA, FL 33615

FILED
07 JAN -2 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2006
10312006 REIN-NP4 CR2E099 (11/05)

4. FEI Number
11-3655389

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRIOS, JUAN
7313 POCAHONTAS AVE
TAMPA, FL 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D/P ☐ Delete
NAME BERRIOS, JUAN
STREET ADDRESS 7313 POCAHONTAS AVE
CITY-ST-ZIP TAMPA, FL 33634

TITLE D/S ☐ Delete
NAME TORRES, SONYA
STREET ADDRESS 6315 QUAILRIDGE DR
CITY-ST-ZIP TAMPA, FL 33625

TITLE D/T ☐ Delete
NAME AYALA, ROSALINA
STREET ADDRESS 4542 SAND POINTE PLACE #2
CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☐ Delete
NAME TORRES, BENIGNO
STREET ADDRESS 6315 QUAILRIDGE DR
CITY-ST-ZIP TAMPA, FL 33625

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT Ayala Rosalina ☒ Change ☐ Addition
NAME #8051 Palmera Point Cir.
STREET ADDRESS APT. 202 TAMPA - FL 33615
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100082896121
STREET ADDRESS 01/02/07--01019--020 **245.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Juan Berrios - JUAN BERRIOS 12-22-06 (813) 887-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #