

NO 2000007558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

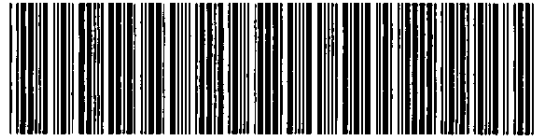
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer: *Returned Mail Report done w/ Acknowledged Letter NO money / Advised to file on Line*

Office Use Only



200157975642

07/13/09--01074--026 \*\*67.00

*Approved*  
*J*  
*9.15.09*

2009 SEP 10 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Eglesia de Dios LA Hermosa

DOCUMENT NUMBER: NO20000007558

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMÓN VIVAS  
Name of Contact Person

Eglesia de Dios LA Hermosa  
Firm/ Company

8831 Crestview Dr. Apt. A  
Address

TAMPA FL 33604  
City/ State and Zip Code

WWW.lahermosa@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMÓN VIVAS at ( 813 ) 325-3689  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2009

RAMON VIVAS  
INGLESIA DE DIOS LA HERMOSA IN TAMPA INC  
8831 CRESTVIEW DRIVE, APT. #A  
TAMPA, FL 33604

SUBJECT: IGLESIA DE DIOS LA HERMOSA IN TAMPA, INC.  
Ref. Number: N02000007558

We have received your document for IGLESIA DE DIOS LA HERMOSA IN TAMPA, INC. and check(s) totaling \$67.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Your documents was incomplete. The correct Amendment has been completed for you. Please have the registered agent resign Page 1 of 3, also Page 3 of 3 has to be completed as well. Please review the entire document making sure all of the red dots are completed and return for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II


Letter Number: 809A00028208

RECEIVED  
2009 SEP 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

9-15-09

**- CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **ND200000 7558**

1. Corporation Name  
**IGLESIA DE DIOS LA HERMOSA IN TAMPA INC.**

2. Principal Office Address - No P.O. Box # <b>5512 W. Hillsborough Ave</b>		3. Mailing Office Address <b>8831 Crestview</b>	
Suite, Apt. #, etc. <b></b>		Suite, Apt. #, etc. <b>Opt. A</b>	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>	
Zip <b></b>	Country <b></b>	Zip <b>33604</b>	Country <b>FL</b>

*I CAN NOT FILE YOUR 2009 Annual Report - YOU MUST NEED TO FILE THE REPORT ON TIME @ WWW.SUNbiz.org*

7. Name and Address of Current Registered Agent

Name **RAMON VIVAS**

Street Address (P.O. Box Number is Not Acceptable)  
**8831 Crestview Dr.**

Suite, Apt. #, Etc. **Opt A**

City **Tampa** State **FL** Zip Code **33604**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Hilda E. Torres	2021 N. 11 St	Tampa, FL 33605
Officer	Angel L. Santiago	8809 Crestview Dr. #	Tampa FL 33604
Officer	Jesus Nataren	3502 W. 12 St Apt. B	Tampa FL 33605

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: RAMÓN VIVAS Date 7-6-09 Daytime Phone # 813-325-3689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **ND200000 7558**

1. Corporation Name  
**IGLESIA DE DIOS LA HERMOSA  
IN TAMPA INC.**

2. Principal Office Address - No P.O. Box #  
**5512 W. Hillsborough Ave**

Suite, Apt. #, etc.

3. Mailing Office Address  
**8831 Crestview Dr.**

Suite, Apt. #, etc.

**Apt. A**

City & State  
**Tampa FL**

Zip Country

City & State  
**Tampa FL**

Zip Country  
**33604 Hillsb.**

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida  
**9-30-2002**

5. FEI Number  
**331027266**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**RAMON VIVAS**

Street Address (P.O. Box Number is Not Acceptable)  
**8831 Crestview Dr.**

Suite, Apt. #, Etc.  
**Apt A**

City  
**Tampa**

State  
**FL**

Zip Code  
**33604**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Hilda E. Torres	2021 N. 11 St	Tampa, FL 33605
Officer	Angel L. Santiago	8809 Crestview Dr. #	Tampa FL 33604
Officer	Jesus Nataren	3502 W. 12 St Apt. B	Tampa FL 33605

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**RAMON VIVAS**

**7-6-09**

**813-325-3689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
2009 SEP 10 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

IGLESIA DE DIOS LA HERMOSA IN TAMPA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000007558

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

5512 N. 47TH STREET

TAMPA, FLORIDA 33610

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8831 CRESTVIEW DRIVE, APT. A

TAMPA, FLORIDA 33604

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Angel L. Santiago

New Registered Office Address:

8809 Crestview Drive #A

(Florida street address)

Tampa

(City)

Florida 33604

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Angel L. Santiago*

Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>OD</u>	<u>HILDO E. TORRES</u>	<u>2021 N. 11th Street</u> <u>TAMPA, FL 33605</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>OD</u>	<u>ANGELE E. SANTIAGO</u>	<u>8809 CRESTVIEW DRIVE #A</u> <u>TAMPA, FLORIDA</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>OD</u>	<u>JESUS NATAREN</u>	<u>3502 W. 12TH ST. APT. B</u> <u>TAMPA, FL 33605</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>1</u>	<u>PIZARRO ISMAEL</u>	<u>5119 RAINES LN.</u> <u>Tampa FL 33619</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DD</u>	<u>Luciano Cecilia</u>	<u>4005 HARRISON DR 309</u> <u>Tampa FL 33602</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DD</u>	<u>Chanca Y, ALBERTO</u>	<u>1701 25th AVE.</u> <u>Tampa FL 33605</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

---

---

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

---

---

---

---

---

---

---

---

---

---



The date of each amendment(s) adoption: 1-5-09  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1-5-09

Signature Ramon Vivas

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RAMON VIVAS  
(Typed or printed name of person signing)

Director  
(Title of person signing)