

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009394

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: ALBERTO M. DELGADO MINISTRIES INC.

**Current Principal Place of Business:**

12295 SW 93 AVE.  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 557251  
MIAMI, FL 33255

**New Mailing Address:**

FEI Number: 57-1211942      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DELGADO, ALBERTO M  
12295 SW 93 AVE  
MIAMI, FL 33176    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ALBERTO DELGADO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DELGADO, ALBERTO M  
Address: 12295 SW 93 AVE  
City-St-Zip: MIAMI, FL 33176 US

Title: DV      ( ) Delete  
Name: DELGADO, MARIAM J  
Address: 12295 SW 93 AVE  
City-St-Zip: MIAMI, FL 33176 US

Title: DT      ( ) Delete  
Name: JIVANJEE, ESTHER  
Address: 12850 SW 47 ST  
City-St-Zip: MIAMI, FL 33175 US

Title: D      (X) Delete  
Name: ANDARSIO, FELIX  
Address: 4879 NW 4 ST  
City-St-Zip: MIAMI, FL 33126 US

Title: S      (X) Delete  
Name: ZUVIC, VILMA  
Address: 5020 SW 139 CT  
City-St-Zip: MIAMI, FL 33175 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO DELGADO

Electronic Signature of Signing Officer or Director

DP

04/03/2009

Date