

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000000998

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** IGLESIA NUEVA VISION, INC.

**Current Principal Place of Business:**

2936 WOODCREST LN  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

2936 WOODCREST LN  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 03-0540934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALICEA, ABNER  
2936 WOODCREST LN  
LAKELAND, FL 33805 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: ABNER ALICEA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ALICEA, ABNER  
Address: 2936 WOODCREST LN  
City-St-Zip: LAKELAND, FL 33805

Title: DV  
Name: ALICEA, RAUL  
Address: 615 DRUID ST.  
City-St-Zip: LAKELAND, FL 33805

Title: DS  
Name: LARACUENTE, YOLANDA  
Address: 210 LAKE HOLLINGSWORTH DR.  
City-St-Zip: LAKELAND, FL 33801

Title: DT  
Name: ALICEA, LYDIA  
Address: 615 DRUID ST.  
City-St-Zip: LAKELAND, FL 33805

Title: S  
Name: ALICEA, ELIZABETH  
Address: 2936 WOODCREST LN  
City-St-Zip: LAKELAND, FL 33805

Title: D  
Name: LOPEZ, JOSE A  
Address: 610 DRUID ST  
City-St-Zip: LAKELAND, FL 33805

I hereby 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 all other like empowered.

SIGNATURE: ABNER ALICEA

CEO

11/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date