

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000003212

**FILED**  
**Feb 21, 2013**  
**Secretary of State**

**Entity Name:** MINESTERIO EVANGELISTICO DESENMASCARANDO AL DIABLO, INC.

**Current Principal Place of Business:**

9718 NORTH NEBRASKA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

2544 SW 15TH AVE  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 30-0178768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIANE, TORRES  
2544 SW 15TH AVE  
CAPE CORAL, FL 33914 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:** JESUS M BERMUDEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** TORRES, DIANE  
**Address:** 2544 SW 15TH AVE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** DST  
**Name:** BERMUDEZ, JESUS M  
**Address:** 9718 N NEBRASKA AVE  
**City-St-Zip:** TAMPA, FL 33612

**Title:** D  
**Name:** FELICIANO, ELSAIN  
**Address:** 10706 NORTH 14 ST  
**City-St-Zip:** TAMPA, FL 33612

**Title:** D  
**Name:** HOMES, HECTOR  
**Address:** 9718 NORTH NEBRASKA AVE  
**City-St-Zip:** TAMPA, FL 33612

**Title:** D  
**Name:** GONZALEZ, ELIZABETH  
**Address:** 1722 NW 5 ST  
**City-St-Zip:** CAPE CORAL, FL 33993

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:** JESUS M BERMUDEZ

DST

02/21/2013

Electronic Signature of Signing Officer or Director

Date