

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004157

FILED
Jan 19, 2005
Secretary of State

Entity Name: CHRISTIAN MISSION THE LIBERATED ONES, INC.

Current Principal Place of Business:

9140 FOUNTAINEBLEAU BLVD #305
MIAMI, FL 33172

New Principal Place of Business:

950 SW 1ST ST.
#506
MIAMI, FL 33130

Current Mailing Address:

9140 FOUNTAINEBLEAU BLVD #305
MIAMI, FL 33172

New Mailing Address:

950 SW 1ST ST.
#506
MIAMI, FL 33130

FEI Number: **FEI Number Applied For (X)** **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:

VEGA, CESAR REV
1161 SW 8 ST
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

VEGA, CESAR REV
950 SW 1ST ST
MIAMI, FL 33130 US

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: REV. CESAR VEGA

01/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VEGA, REV CESAR
Address: 1161 SW 8 ST
City-St-Zip: MIAMI, FL 33128

Title: TD () Delete
Name: CASTANEDA, CLOTILDE
Address: 1604 BAY RD #2
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: CASTRO, EDGARDO M
Address: 1161 SW 8 ST
City-St-Zip: MIAMI, FL 33128

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REV. CESAR VEGA

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01/19/2005

Electronic Signature of Signing Officer or Director

Date