

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005945

1. Entity Name
MINISTERIO PENTECOSTAL EL BUEN PASTOR, INC.



FILED

05 JAN 21 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4320 NW 2ND AVENUE
MIAMI, FL 33127

Mailing Address
3061 NW 75th Street
Miami, FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
54-2118326

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ESMERALDA
3061 NW 75th Street
Miami, FL 33147

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME GONZALEZ, ESMERALDA
STREET ADDRESS 4320 NW 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME GONZALEZ, ESTEL
STREET ADDRESS 4320 NW 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME LOPEZ, JUSTINA
STREET ADDRESS 4320 NW 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RAMOS, JUAN
STREET ADDRESS 4320 NW 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GONZALEZ, EDWIN
STREET ADDRESS 4320 NW 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RAMOS, CARMEN
STREET ADDRESS 4320 NW 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Esmeralda Gonzalez

305-835-7114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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