2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008771

FILED Nov 08, 2005 Secretary of State

Entity Name: MINISTERIO ESCUDO DE LA FE/SHIELD OF FAITH MINISTRIES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	BUSCH BLVD.			
603 TAMPA, F	FL 33618			
Current I	Mailing Address:	New Mailing Addres	ss:	
	BUSCH BLVD.			
603 TAMPA, F	FL 33618			
FEI Numbe In accorda	r: FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable (X) d not receive the prior notice.	Certificate of Status Desired ()	
Name an	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
	, NITZA I PASTOR LONIAL VILLAGE DR			
202	FL 33625 US			
202 TAMPA, f The abov in the Sta	FL 33625 US e named entity submits this statement for the of Florida.	ne purpose of changing its registere	ed office or registered agent, or both,	
202 TAMPA, f The abov in the Sta	FL 33625 US e named entity submits this statement for the		ed office or registered agent, or both, Date	
202 TAMPA, F The abov in the Sta SIGNATU	FL 33625 US e named entity submits this statement for the te of Florida. JRE: NITZA I FALCON	Agent		
202 TAMPA, F The abov in the Sta SIGNATU	e named entity submits this statement for the of Florida. JRE: NITZA I FALCON Electronic Signature of Registered RS AND DIRECTORS: P () Delete FALCON, NITZA I PASTOR 8119 COLONIAL VILLAGE DR #202	Agent	Date	
202 TAMPA, F The abov in the Sta SIGNATL OFFICER Title: Name: Address:	e named entity submits this statement for the of Florida. JRE: NITZA I FALCON Electronic Signature of Registered RS AND DIRECTORS: P () Delete FALCON, NITZA I PASTOR 8119 COLONIAL VILLAGE DR #202 TAMPA, FL 33625 VP () Delete FALCON, TEOFILO PASTOR 8119 COLONIAL VILLAGE DR #202	Agent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

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: NITZA FALCON PAST 11/08/2005