

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 28 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008876 1. Entity Name IGLESIA EVANGELICA EL DIVINO REDENTOR, CORP	
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Principal Place of Business 15830 SW WARFIELD BLVD. INDIANTOWN, FL 34956	Mailing Address 15830 SW WARFIELD BLVD. INDIANTOWN, FL 34956
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P. O. Box 301 Suite, Apt. #, etc.
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City & State Indiantown FL	4. FEI Number 04-3777511
Zip 34956	Country USA

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

6. Name and Address of Current Registered Agent SIMON, DANIEL 5819 SO. 37TH ST. GREENACRES, FL 33463-3214	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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: DATE: 10-26-04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD LOPEZ, JULIO	<input type="checkbox"/>
NAME	5819 SO 37TH ST.	
STREET ADDRESS	GREENACRES, FL 334633212	
CITY-ST-ZIP		
TITLE	VD CARDONA, AGUSTO	<input type="checkbox"/>
NAME	5819 SO 37TH ST.	
STREET ADDRESS	GREENACRES, FL 334633212	
CITY-ST-ZIP		
TITLE	SD MENDOZA, BENJAMIN	<input type="checkbox"/>
NAME	5819 SO 37TH ST.	
STREET ADDRESS	GREENACRES, FL 334633212	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	REINSTATEMENT	<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DATE: 10-26-04 DAYTIME PHONE #: 561 723 3581
561 969 1705