

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000011034	
1. Entity Name NUEVA JERUSALEN PLANT CITY, INC.	



FILED

05 FEB 18 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2404 KAREN DRIVE PLANT CITY, FL 33563	Mailing Address 2404 KAREN DRIVE PLANT CITY, FL 33563
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 1202 S. Collins St.	Suite, Apt. #, etc. 1202 S. Collins St.
City & State Plant City, Florida	City & State Plant City, Florida
Zip 33563	Country Hillsborough

REINSTATEMENT FEE 099 (6/04) 04-05

6. Name and Address of Current Registered Agent STERN, RANDY K 220 SOUTH FRANKLIN STREET TAMPA, FL-33602	
7. Name and Address of New Registered Agent 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 \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (Pastor) Melvin Rodriguez 2404 KAREN DR Plant City FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Isidro Arango 204 Rayburn RD Plant City, FL 33565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Josue Daniel 1504 Plantation Grove Ct #1110 Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nicolas Alejo 108 Strickland St. Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # 813-719-6567