2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006 8:00 A.M.
Secretary of State

DOCUMENT # N03755

1. Entity Name
FOUNTAIN OF ETERNAL LIFE CHURCH, INC.

Principal Place of Business	Mailing Address
6934 W COMANCHE AVE. TAMPA, FL 33634-4944	PO BOX 262156 TAMPA, FL 33685-2156

10062006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2967315 ☐ Applied For ☐ 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
GARCIA, JORGE 1803 BRUST AVENUE TAMPA, FL 33612	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 _____ DATE
(Officer, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $230.25
After January 1, 2007, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARCIA, JORGE 1803 BRUST AVENUE TAMPA, FL 33812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000080815900 10/12/06--01011--001 **306.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIAZ, IRIS B 8801 LOCHMOOR ROAD TAMPA, FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GAZMEY, VICENTE 4717 TOWN & COUNTRY BLVD. TAMPA, FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Virgilio Rivera 8413 Cascitas CT. Apt.132 Tampa FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Santos I. Argeta 10812 Murry ST. Tampa FL.33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained in Chapter 119, 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: _____ 10/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/18