
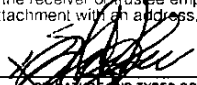


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 3:22



DOCUMENT # N04000003988					
1. Entity Name IGLESIA PENTECOSTES PRINCIPE DE PAZ INC.					
Principal Place of Business 2781 2ND AVENUE NORTH LOT 105 LAKE WORTH, FL 33461			Mailing Address 2781 2ND AVENUE NORTH LOT 105 LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOPEZ, JOSE N PASTOR 2781 2 AVE. NORTH LAKE WORTH, FL 33461				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 _____ (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.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, JOSE N PASTOR		NAME	100128090661	
STREET ADDRESS	2781 2 AVE. NORTH		STREET ADDRESS	05/01/08--01049--001	**131.25
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	VP.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENDEZ, JOSE J SR.		NAME		
STREET ADDRESS	2781 2 AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	TRA,	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, JUAN SR.		NAME		
STREET ADDRESS	2781 2 AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	SEC.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, ESPERANZA Y MRS.		NAME	REINSTATEMENT 07-08	
STREET ADDRESS	2781 2 AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	MEMB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCALANTE, ALVARO SR.		NAME		
STREET ADDRESS	2781 2 AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/26/08 (561)533-6756		
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		