## **2005 NOT-FOR-PROFIT CORPORATION** REINSTATEMENT

DOCUMENT # N0400005769  1. Entity Name IGLESIA DE CRISTO HISPANA DE NAPLES, INC.								FILED  SECRETARY OF STATE  DIVISION OF CORPORATIONS  05 DEC 22 AM 9: 43					
Principal Place 3001 SANTA I NAPLES, FL	Barbara 8	Mailing Address 3001 SANTA BARBARA BLVD NAPLES, FL 34116						02 0Fc 55					
2. Principal Pla 12740	LIVING	3. Mailing Address 12740 LIVING Stone Rd Suite, Apt. #, etc.											
Suite, Apt. i							12192005 REIN	N-NP CR2	E099 (6/04)	<del></del>			
City & State	TPLES FC			City & State NAPLES FC				4. FEI Number Applied For Not Applicable					
Zip 34105	Country Collien		Zip Co 34105 Co			ountry 5. Cer		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required			
		and Address of Current F	legistered				7. Name and Address of New Registered Agent						
SAMOUCE, MURRELL & GAL, P.A.							ROBERTO ESCOBAR  at Address (P.O. Box Number is Not Acceptable)						
800 LAUREL OAK DR STE 300						12740 LIVINGStone Nd							
NAPLES, FL 34108							City NAPGES FL Zip Code						
8 The above	named enti	he culturate this statement for	the ourno	ee of changing its	ronieto					<u>। ३५/</u>	05		
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 A ROBERTO ES COBAR 12/19/2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)  DATE													
FILE NOWIII FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50  In accordance with s. 607.193(2)(b), corporation did not receive the prior of										eck payable to partment of St			
10. TITLE	D	OFFICERS AND DIF	RECTORS	CTORS 11.					S TO OFFICERS AND	DIRECTORS IN Change	Addition		
NAME	PAZ, PAUL NAI					ME	PAZ	PAUL		. —			
STREET ADDRESS CITY-ST-ZIP	١.	NTA BARBARA BLVD , FL 34116		STREET ADDRESS CITY-ST-ZIP			12740 LIVINGSTME Rd NAPLES FL 34105						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUAREZ, JOSE LUIS 3001 SANTA BARBARA BLVD ST					ILE ME REET ADDRESS IY-ST-ZIP	SU,	VANEZ, JOSK LUIS D Change Addition 2740 LIVINGSTME Nd VAPLES FL 34105					
TITLE	D			☐ Delete		TLE				Change	☐ Addition		
NAME STREET ADDRESS		AR, ROBERTO NTA BARBARA BLVD			ime Reet address	12	COSAN, ROBENTO 140 LIVINGSTONE NO 1945 FL 34105						
CITY-ST-ZIP	NAPLES	, FL 34116					NA	pues 9	2 34/0	Change	☐ Addition		
TITLE NAME				Delete		TLE AME			623559		Addition		
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS TY-ST-ZIP		12/22/05-	5642-559	**61.25			
TITLE			_	☐ Defete		TLE				☐ Change	☐ Addition		
NAME STREET ADDRESS						AME Treet address	1						
CITY-ST-ZIP					-	TY-ST-ZIP				☐ Change	☐ Addition		
NAME				Delete		TLE Ame				□ Clignige	Adollon		
STREET ADDRESS CITY-ST-ZIP						Treet address ITY-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 in 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 approvered.													
December 12/19/05 2390 269-1722													
SIGNAT	URE:	SIGNATURE: 120BEATO GCOM2 12177 03 237 2072 1207											