2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# N04000007804

Entity Name: MINISTERIO EVANGELICO PENTECOSTAL ROSTRO DE DIOS INC

Current Principal Place of Business:

521 SHARAR AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

521 SHARAR AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 30-0288525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARCELONA, HECTOR R
521 SHARAR AVE
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: HECTOR R BARCELONA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARCELONA, HECTOR R
Address: 1045 JANN AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: V ( ) Delete
Name: PEREZ, CARLOS E
Address: 521 SHARAR AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: NAVARRO, JULIO
Address: 521 SHARAR AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete
Name: LOPEZ, BLANCA
Address: 485 E 57TH ST
City-St-Zip: HIALEAH, FL 33013

Title: S ( ) Delete
Name: RODRIGUEZ, NOLVIA
Address: 5041 SUPERIOR ST
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR R BARCELONA P 10/11/2005
Electronic Signature of Signing Officer or Director — Date