2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# N04000008042

Entity Name: EL VERBO DE DIOS, CORP.

Current Principal Place of Business:

28940 SW 152 AVE
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

28940 SW 152 AVE
LEISURE CITY, FL 33033

New Mailing Address:

FEI Number: 20-1499895 **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:

JARAMILLO, ISAIAS
28940 SW 152 AVE
LEISURE CITY, FL 33033 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: ISAIAS JARAMILLO
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JARAMILLO, ISAIAS
Address: 28940 SW 152 AVE
City-St-Zip: LEISURE CITY, FL 33033

Title: V ( ) Delete
Name: JARAMILLO, NABOR
Address: 28940 SW 152 AVE
City-St-Zip: LEISURE CITY, FL 33033

Title: S ( ) Delete
Name: ALMARAZ, BENITA
Address: 28940 SW 152 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Delete
Name: MENDEZ, OSCAR
Address: 28940 SW 152ND AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: AVP ( ) Delete
Name: DOMINGO, TAC
Address: 28940 SW 152ND AVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JARAMILLO, ISAIAS
Address: 1221 KIA DR.
City-St-Zip: HOMESTEAD, FL 33033

Title: V (X) Change ( ) Addition
Name: JARAMILLO, NABOR
Address: 1221 KIA DR.
City-St-Zip: HOMESTEAD, FL 33033

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 Chapter 119, 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: ISAIAS JARAMILLO P 10/05/2006
Electronic Signature of Signing Officer or Director — Date