

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB 23 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003309

1. Entity Name
MINISTERIO DE DIOS PARA LAS NACIONES, INC.



Principal Place of Business
5000 PURDY LANE
WEST PALM BEACH, FL 33415

Mailing Address
2200 SPRINGDALE BLVD.
APT #L108
PALM SPRINGS, FL 33461



2. Principal Place of Business - No P.O. Box #

3145-B CONGRESS AVE

3. Mailing Address

3145-B CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152007 REIN-NP

CR2E099 (1/07)

City & State

PALM SPRINGS, FLA

City & State

PALM SPRINGS, FL

4. FEI Number

20-2599086

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, ORLANDO REV.
2200 SPRINGDALE BLVD.
APT #L108
PALM SPRINGS, FL 33461

7. Name and Address of New Registered Agent

Name REYES, ORLANDO REV.
Street Address (P.O. Box Number is Not Acceptable)
2200 3145-B CONGRESS AVE
City PALM SPRINGS FL Zip Code 33461

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-19-07

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME REYES, ORLANDO REV.
STREET ADDRESS 2200 SPRINGDALE BLVD., APT #L108
CITY-ST-ZIP PALM SPRINGS, FL 33461 ☐ Delete

TITLE D
NAME JACKSON, REBECCA
STREET ADDRESS 2200 SPRINGDALE BLVD., APT #L108
CITY-ST-ZIP PALM SPRINGS, FL 33461 ☐ Delete

TITLE D
NAME NUÑEZ, MARIA P
STREET ADDRESS 2717 EMORY DR. W, APT #G
CITY-ST-ZIP WEST PALM BEACH, FL 33415 ☐ Delete

TITLE D
NAME MONROY, NANCY
STREET ADDRESS 22 CAMDEN DRIVE
CITY-ST-ZIP GREENACRES, FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000089722000
03/01/07--01003--004 **306.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 2/26/07
REINSTATEMENT 06-07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-19-07