

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010635

FILED
Oct 31, 2008
Secretary of State

Entity Name: MINISTERIO HERMANAS MELENDEZ INC.

Current Principal Place of Business:

9939 LONG BAY DRIVE
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 780708
ORLANDO, FL 32878

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELENDEZ, CARMEN
9939 LONG BAY DR
ORLANDO, FL 32832 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: CARMEN M MELENDEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MELENDEZ, CARMEN M
Address: 9939 LONG BAY DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: DV () Delete
Name: MELENDEZ, SANDRA I
Address: 9939 LONG BAY DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: DS () Delete
Name: FERNANDEZ, CARMEN C
Address: 9939 LONG BAY DRIVE
City-St-Zip: ORLANDO, FL 32832

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:

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN M MELENDEZ

DP

10/31/2008

Electronic Signature of Signing Officer or Director

Date